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ABSTRACT

This book is the report of proceedings of the seventh Mary E. Switzer Memorial Seminar. The contents include five chapters, papers contributed by seminar participants, which focus on strategies for marketing rehabilitation for various publics, including the general public, disabled persons and their relatives, employers, national decisionmakers, and rehabilitation professionals. The thrust of the seminar was to explore in depth the concept of marketing as it applies to rehabilitation of disabled persons. This topic was deemed timely because, as this country moves into the 1980s and beyond, resources are becoming more limited while the need for rehabilitation services such as counseling, training, education, and job placement becomes greater. Each chapter includes its "action paper," a section on reviews and comments made by the participants, and a summary of the recommendations and implications for action. In addition, special invitational papers are included by experts in public relations, marketing, and government, with an introductory paper by Paul Simon of the U.S. House of Representatives. (KC)

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Rehabilitation in the Public Mind
Strategies of Marketing

Edited by Leonard G. Perlman, Ed.D.

A REPORT ON THE SEVENTH
MARY E. SWITZER MEMORIAL SEMINAR
NATIONAL REHABILITATION ASSOCIATION

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
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A Memorial Tribute

To Mary E. Switzer

1900 - 1971

Few people realize that she had a satisfying and fully successful career in federal government employment that spanned several decades prior to her formal entry into the field of rehabilitation. She was fifty years old when she became director of the Office of Vocational Rehabilitation in 1950, and she brought to the position a superior intellect and ability. Her many talents and experiences in economics, the legislative process, government administration, health, welfare and public education were only a few of the composite assets brought with her. She entered the movement at a crucial point in its evolution. It was a time in which difficult decisions had to be made between maintaining the status quo or moving to a larger and unknown future but with increased opportunity to serve tens of thousands of disabled persons yet in need.

Following a life pattern in support of increased services to people and a more responsive and humanitarian government to changing human needs, she readily committed herself to the less certain but more hopefully expanded future for rehabilitation. The rest is history. The breadth and humanity of Mary Switzer are stamped forever in the passage of Public Law 565 with its research and demonstration features, its concern for rehabilitation education, its mandate to construct necessary rehabilitation facilities, its totally new characteristic of international efforts and cooperation regarding rehabilitation, and perhaps, above all, in its expanded funding base for more personnel and programs for those in need of rehabilitation services. In the years that followed, she went on to even greater legislative and governmental leadership heights in behalf of both disabled and disadvantaged people.

(continued on back inside cover)

The opinions expressed in this monograph do not necessarily reflect the positions or policies of the above named organizations or the National Rehabilitation Association.

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The Current Seminar

The Seventh Mary E. Switzer Memorial Seminar was entitled, "Rehabilitation in the Public Mind," and focused on the multifaceted issue of marketing the concept of Rehabilitation (as defined in the Rehabilitation Act of 1973 and amendments) to various publics.

For example, the target groups of the Seminar included the general public, disabled persons and their relatives, employers, national decision-makers, and rehabilitation professionals.

The thrust of this seminar was to explore in depth the concept of marketing as it applied to rehabilitation of disabled persons. This is a timely topic indeed, as we move into the 1980's and beyond. We also find that resources are becoming more limited while the need for rehabilitation services such as counseiing, training, education, and job placement becomes greater.

The major issues that remain to be defined and clarified are the ones of advertising, public relations, and marketing "Rehabilitation." To a field that has relied basically on social service tenets and procedures to implement the process of rehabilitation, the systematic use of "business tools" such as marketing must be explored. This is especially true if we expect to rehabilitate more persons in a cost-effective manner.

The Seminar was held in Washington, D.C., November 10-12, 1982, and was hosted by the National Rehabilitation Information Center (NARIC) on the campus of The Catholic University of America (CUA). The Switzer Memorial Seminar is sponsored each year by the National Rehabilitation Association.

The participants designated as "Switzer Scholars" were welcomed by Dr. John Joseph Murphy, Provost of CUA, Dean Elizabeth W. Stone, School of Library and Information of CUA, and Eleanor Biscoe, Director of NARIC. Dr. Gary F. Austin, Professor and Director of the Department of Communicative Disorders at Northern Illinois University and who is on the NRA Board of Directors, chaired the seminar.

Marvin Spears, NRA President; Dan McAlees, NRA Immediate Past President; Dave Mills, NRA Excutive Director; and Joan Barker, Chairperson of NRA's Commission on Professional Concerns (oversees the Switzer Committee) represented the NRA leadership.

The Reverend William J. Byron, President of Catholic University, hosted a special reception honoring the Switzer Scholars.

Format of the Seminar and Monograph

Five "Action Papers" were prepared exclusively for the Switzer Memorial Seminar by participants in the seminar. They focused on such areas as: **Current Perceptions of Rehabilitation in the Public Mind; A Conceptual Framework of Marketing As It Deals with the Rehabilitation Process;** and Strategies of Marketing, with a number of publics, for example, the rehabilitation community, disabled persons, and the employment community.

The "Action Papers" (now designated as chapters in this text) were sent to all designated "Mary E. Switzer Scholars" well in advance of the seminar. Reviews of each paper were completed prior to the seminar and served to prepare the Scholars for the three days of intensive deliberations on the subject.

The seminar provided a forum to discuss each of the basic issues in depth. This was done in both plenary sessions and small work group sessions that focused on each "Action Paper." The three-day program of intense interaction culminated in a number of recommendations for action in the area of policy and program development, service delivery, research, training, and legislation.

The format of this monograph closely follows the seminar itself. Each "Action Paper" is shown as a chapter and includes a section on "Reviews and Comments" made by the participants and another section summarizes the recommendations and implications for action.

In addition, invited brief papers were developed by Switzer Scholars and are found in a special section of this monograph. The papers include the following:

-- **Strategies for Marketing with National Decision-Makers in Behalf of Disabled Persons,** by the Honorable Paul Simon, U.S. Representative from Illinois.

-- **Developing Effective Public Relations Programs for the Disabled,** by Elizabeth Ann Kovacs, Executive Vice President, Public Relations Society of America, New York, New York.

-- **Marketing Rehabilitation Services: A Marketing Educator's Perspective,** by Terence A. Shimp, Associate Professor of Marketing, University of South Carolina, Columbia, S.C.

-- **The Language of Marketing,** by Shirley Bonnem, Vice President of Administration and Public Relations, Children's Hospital of Philadelphia, Pa.

It is the hope of all persons involved in the Seventh Switzer Seminar that this text will serve as an added awareness and a stimulus for action on behalf of disabled individuals everywhere.

What is Marketing?

The following definitions are provided for your benefit in understanding the concepts in the following chapters.

Marketing for Human Service Managers

Definition: Marketing is the analysis, planning, implementation, and control of carefully formulated programs designed to bring about voluntary exchanges of values with target markets for the purpose of achieving organizational objectives. It relies heavily on designing the organization's offering in terms of the target markets, needs, and desires, and on using effective pricing, communication, and distribution to inform, motivate, and service the markets.

"Exchange" is the central concept in marketing, i.e., exchanging something of value. The concept of "exchange" relies on offering something of sufficient incentive to elicit interest and cooperation. In short, it relies on exchange mechanisms rather than "threat systems."

EXCHANGE requires two conditions:

1. There are two parties
2. Each has something that might be valued by the other

VALUES are rooted in human needs and wants. A want is a felt need on the part of a person or organization. Things that help satisfy these needs have value. Three categories having value are:

1. Goods -- objects
2. Services -- acts involving time, energy, skill
3. Money -- fees, contributions, grants

PUBLIC: A distinct group of people and/or organizations that have an actual or potential interest and/or impact on an organization.

Underlying Premises

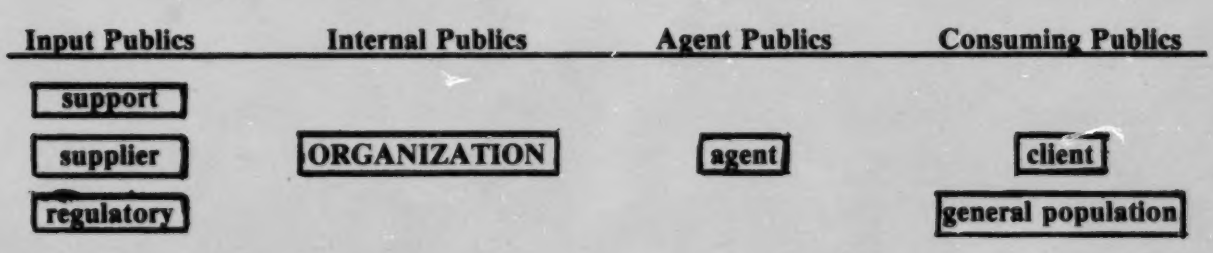
1. The main purpose of an organization is to create satisfied and healthy customers and to contribute to the quality of life.
2. The organization must search for products that combine high appeal and high benefit to consumers. It must provide information on proper use of product to maximize benefits.
3. Customers will patronize an organization perceived to be genuinely concerned with their satisfaction and welfare because --
   (a) they are intelligent
   (b) they prefer organizations that treat them well and show social responsibility
   (c) they talk to each other about products and organizations that are good
   (d) they are represented increasingly by advocates that call attention to organizations that fail to do a good job

Benefits of Marketing

1. Improved satisfaction of target market
2. Improved efficiency or organization
3. Improved outreach to target market

A professional marketer is good at **understanding, planning,** and **managing EXCHANGES.**

-- Knows how to research needs
-- Can design a valued offering to meet these needs
-- Knows how to communicate the offer effectively
-- Knows how to present it in a good place and under timely circumstances



MARKET: A distinct group of people and/or organizations that have resources (values) which they want to exchange, or might conceivably exchange, for distinct benefits.

Philadelphia Office of Mental Health/Mental Retardation -- April, 1982

Acknowledgment

The Seventh Mary E. Switzer Memorial Seminar and this monograph of its proceedings were made possible by a great many people and organizations dedicated to the betterment of the lives of people with disabilities. It should be noted that funds were initially raised by a special committee of the National Rehabilitation Association (NRA) known as the Switzer Memorial Fund Committee and was led by Mrs. Olive K. Banister.

Many played vital roles from the planning stages through the implementation of this project and appreciation is expressed to the following: Brockman Schumacher, Ph.D., who chaired the Switzer Memorial Committee from 1979 until 1982 and the Committee members, Bill Gardner, Betty Hedgeman, Ph.D., and Joseph H. Owens, Jr.; Dr. Steve Cornett, Chairman of the Seminar Planning Committee; Joan T. Barker, CRC, Chairperson of the NRA Commission on Professional Concerns; David Mills, NRA Executive Director, and his staff -- Dick Dietl, Judy Harris and Gloria Scott -- for their continuous support and encouragement; and to the NRA President, Marvin Spears, whose guidance was always available when needed most.

A note of special thanks is due to the host of the Seventh Switzer Memorial Seminar, the Catholic University of America and Reverend William J. Byron, President; Dr. John Joseph Murphy, Provost; Dean Elizabeth Stone; and the National Rehabilitation Information Center (NARIC) Director Eleanor Biscoe, Susan Flowers-Dixon and Mark Odum for a superb job; Ms. Gerry Perlman for editorial assistance and final preparation of the monograph.

Our final round of applause goes to Dr. Gary F. Austin, who chaired the Seminar masterfully, and the Switzer Scholars whose thoughts and suggestions are presented in this book.

Mary E. Switzer Memorial Committee, 1981-1982

Brockman Schumacher, Ph.D., Chairperson
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Alfred Slicer
River Forest, Ill.

Marvin Spears, NRA President
Ex Officio

Dave Mills, NRA Executive Director
Ex Officio

Joan T. Barker, Chairperson
Commission on Professional Concerns
Ex Officio

Foreward

This year's Mary E. Switzer Memorial Seminar was directed at an area that several years ago would not have received serious attention --marketing. We in the field of rehabilitation, assumed that the lofty goals we sought and the significant results we achieved were so sacrosinct that attacks on the program were unthinkable.

The intervening years have proven us wrong. Attacks have and are mounted on the program in Congress. Dissatisfactions with the program were voiced by individuals and groups of service providers and service recipients. The rehabilitation program is still strong -- a landmark of enlightened public policy. However, we are now much more acutely aware of the need to examine, reassess and redirect portions of our program. We are aware of the need for increased communication and dialogue within the broad scope of rehabilitation programs and most importantly we recognize, now more clearly than ever, the need to actively promote the programm -- to communicate its many benefits to persons with disabilities and the public at large.

The Switzer Seminar is the most logical vehicle available to NRA for giving serious consideration to marketing the rehabilitation program. The Seminar series has been NRA's most significant tool for analyzing and upgrading the practice of rehabilitation. This year's topic is not only timely, but essential as we face a future with great potential, but pitfalls as well. The results of the Seminar will aid all of us in practices to the future of marketing the program.

We in NRA are deeply indebted to this year's scholars for their dedicated efforts and significant results in addressing a topic whose time has come!

Marvin O. Spears
President,
National Rehabilitation Association

The Switzer Scholars

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Lawrence E. Warnock, CRC
Immediate Past President, National Rehabilitation Counseling Association, Massachusetts Rehabilitation Commission, Boston, Mass.

INVITED PAPER AUTHORS
(Did not attend Seminar)

The Honorable Paul Simon
U.S. House of Representative, State of Illinois, 24th District, Carbondale, Illinois

Elizabeth Ann Kovacs
Executive Vice President, Public Relations Society of America, New York, N.Y.

Invited Paper #1

Strategies for Marketing with National Decision-Makers in Behalf of Disabled Persons

By the Honorable Paul Simon
U.S. House of Representatives
Chairman
Post-Secondary Education Subcommittee

Background

For well over a century and a half, the U.S. Congress has been both sensitive to and supportive of rehabilitation programs for the disabled. That support started in the early 1800s with a grant of Federal land to establish the first school for the deaf. It has continued through the present day with firm Congressional opposition to the Reagan Administration's proposed cuts in programs for the handicapped. There have, of course, been ups and downs in the intensity of Federal support, but overall it has been recognized that rehabilitation is not only a humane course of action, but also a prudent, cost-effective measure that turns welfare dollars into taxpayer dollars.

From the enactment of the National Defense Act of 1916, which provided for vocational education and training for members of the Armed Services, and the Smith-Hughes Act of 1917 which created vocational training programs for youth migrating from rural to urban areas, the need for vocational education has been realized. These two Acts were followed in 1918 by the first program for vocational rehabilitation for disabled persons, which marked a beginning of increased Federal support for all forms of programs for the handicapped that lasted until the 1970s. Like most other social service programs, rehabilitation programs came under much closer Congressional scrutiny during the 1970s, and the effectiveness of vocational rehabilitation programs came under fire from economists who were concerned about the unemployent rate in the able-bodied population and Administration that were trying to control Federal costs in social programs.

Problems and Issues

At the same time that rehabilitation programs were being reviewed carefully by the Congress and opposed by the Administration, the handicapped community began to see itself as a minority whose civil rights were being violated. Where previous efforts to secure programs for the handicapped had, in large part, been initiated by non-handicapped persons, the 1970 efforts to gain civil rights as well as assistance programs were spurred by the disabled themselves. The efforts were successful in securing passage of the Rehabilitation Act of 1973 which contained both a new independent living section and a civil rights section. This activism by the handicapped has played a major role in maintaining strong Congressional support. The voters in a Congressman's home district or a Senator's home state are the people who have the most influence on Federal decision-makers. When a Member of Congress hears from a handicapped

person in his district that services provided under Federal programs are essential to his future success, he is going to listen.

Unfortunately, although new legislation was enacted, adequate appropriations to fully fund the program have not been made available. It is now estimated that fewer than one in twenty persons who are eligibile for rehabilitation services are receiving them, and the reason is clear -- **there is not enough money.** While appropriations have either remained constant or received only modest increases, the cost of rehabilitation has increased steadily. In the final analysis, the handicapped have lost ground.

The Reagan Administration has increased the problem severely. While previous Administrations had sought to prevent increases in spending, the Reagan Administration has actively sought to substantially reduce funding and to eliminate or consolidate existing programs. During the 97th Congress, the motto that "only the strong survive" proved to be all too true. In this case the "strong" were those who were the most vocal and who had the greatest numbers of supporters at the grassroots levels who were willing to voice their opposition to the proposed cuts and program changes. The handicapped population, to a degree, held its own -- no programs were eliminated or consolidated, and there were no actual funding reductions -- but maintaining level funding is not sufficient to get the job done.

While no one knows for sure what the 98th Congress will bring in terms of Representatives' and Senators' reactions to the new round of proposed budget cuts that will reach the Congress in late January and early February, it is clear that social programs will again be under attack. At the same time, regulations governing Section 504 of the Rehabilitation Act are expected to be published, and reauthorization of the Rehabilitation Act will be on the Congressional agenda. Perhaps more than ever before, the handicapped community --the disabled, the friends of the disabled, and professionals working in the rehabilitation field -- will have to have their lobbying skills intact and their priorities in sharp focus if they are to prevail.

Barriers and Perceptions

The barriers to gaining or maintaining the desired goals of the handicapped community are multifaceted. The first and most obvious threat is from the Administration proposals which will be brought forth. However, a second, and possibly greater, factor is the cohesiveness of the handicapped community in presenting its view on Capitol Hill. All too often in the past, the disabled organizations, rather than enhancing each other's goals and working as an organized effort to achieve a wide range of goals, have splintered into special interest issues that were counterproductive. The Reagan Administration is masterful at pitting organizations which should have the same goals against each other. In the last series of budget recommendations, the education of handicapped children was pitted against the education of poor and disadvantaged children; the welfare of the elderely was made to seem as if it were in direct conflict with the welfare of the young; and a college education financed under the Federal student loan programs was portrayed as a villain that was depriving school children of elementrary and secondary educations. Against this deliberate strategy of "divide and conquer," it is essential that all handicapped groups form a unified effort which seeks to maintain present efforts and expand programs for all disabled persons.

A second barrier that can hamper successful lobbying efforts in the Congress is the perception that the goals of the disabled are unrealistic. For example, it is not reasonable to demand that all entrances to a building be made accessible to the handicapped, or that programs which have never been funded suddenly receive massive infusions of Federal monies. While all persons, including the disabled have every right to demand equal and fair treatment, it is unwise to do so if the methods of accomplishing them are unachievable. It is much better to have one accessible entrance than to be seen as having excessively expensive demands.

One of the most successful efforts launched during the 97th Congress to prevent budget cuts was formed by the parents and teaches of handicapped who were determined to save programs

for handicapped children. Thousands of letters poured into Senate and House offices. These letters did not compare the merits of special education programs with any other type of program. They presented one very clear and touching message. Handicapped children needed help. If the Federal government did not provide that help, no one else could, and thousands of children would have no future at all. Needless to say, the results were successful, and Special Education was one of the few programs to actually receive modest increases.

Implications for Action

There are several things to keep in mind when lobbying the U.S. Congress. In fact, there are a series of steps that every organization wanting to become a viable lobbying effort should follow:

- ★ Develop credibility for the organization and the person who represents it;
- ★ Determine what issues are important to you and how best to present them. It is not necessary to have an opinion on every issue before the Congress. In fact, that tends to lessen effectiveness and credibility;
- ★ Know what Congressmen and Senators are working on an issue and what Congressional staff people will be handling the issues you are concerned with. Develop a working relationship with them. In terms of the Representatives and Senators, try to find advocates for your position who are from their home state and districts;
- ★ Keep your contact with Congressional staff brief. Do not pester them. Be concise and accurate and you will be seen as an information source that can be relied upon;
- ★ Organize supporters at the grassroots level. Keep them informed and do not hesitate to have them contact their Representative directly either by mail or when they are visiting local offices. Again, be sure that the information they have is accurate and concise and, if possible, presents the impact of a proposal or piece of legislation on the representative's home district or state.

For professional organizations, the first step is probably the most crucial. Staff members and elected officials need to have credible people to turn to in making decisions and evaluating facts and positions presented. If you establish yourself as such a source, your asccessiblity to decision-makers will be greatly enhanced and at times accessibility can mean the ability to persuade.

Professionals in the rehabilitation field are in an unsuaual position to provide information to be used in the Federal process. Elected officials are becoming more and more suspicious of facts and figures from the Executive Branch and need a reliable source of information on the success of rehabilitation programs and the actual needs of the rehabilitation community and the disabled population. In the previous Congress, this professional input was sadly lacking. Some professionals in the rehabilitation field did an outstanding job, but they were few and far between. With the important issues facing the handicapped that will be decided in the 98th Congress, it is more important than ever that members of the rehabilitation community make their opinions and expertise available to elected officials and staff on the Hill. □

11

The Papers

★ **Developing a Conceptual Framework for Marketing of Vocational Rehabilitation by Jinny Spann** **10**

★ **The Current Perception of Rehabilitation in the Public Mind by Dr. Jack Victor and Dr. Henry Viscardi, Jr** **21**

★ **Strategies of "Marketing" with the Rehabilitation Community by Frank Bowe, Ph.D.** **36**

★ **Rehabilitation in the Public Mind: Strategies of Marketing Rehabilitation With the Employment Community by Craig Colvin** **48**

★ **Strategies of Marketing With Persons With Disabilities by Gini Laurie** **62**

Chapter One

Developing a Conceptual Framework for Marketing of Vocational Rehabilitation

By Jinny Spann

Introduction

The current interest in marketing as a management stategy for vocational rehabilitation can be attributed, at least in part, to the increasing demands of disabled individuals for services --employment, education, housing, transportation -- the components of parity in contemporary American life. Pressures upon the system to supply more assistance, both direct and indirect, in a time of economic backlash against social programs, per se, has lead to a search for any methodology which might stretch the existing resources or somehow generate more. The question which then arises is, can the discipline of marketing be adopted and adapted by Vocational Rehabiliatation (VR) in a manner which would be timely, effective, and efficient?

The goal of this chapter is to: (1) develop a working definition of marketing; (2) demonstrate the applicability of marketing theory to vocational rehabilitation management service sytems; (3) begin to investigate some of the benefits of assuming a marketing approach; and (4) present some of the constraints of concern to any organization considering adoption of marketing as a management orientation. Much of the credit for this conceptualization must go to members of the Ninth Institute on Rehabilitation whose work on the topic resulted in the publication, **Marketing: A how-to for VR** (1982). It was their contention that marketing theory, design, strategies, and techniques were indeed applicable to the State/Federal program of VR. They raised, however, some issues demanding serious consideration by any service provider contemplating the marketing route and included the following:

- ★ **In the typical VR situation, there is little or no expertise in marketing, nor are there resources readily available to acquire personnel to fill these gaps;**
- ★ **Rehabilitation engages in components of marketing which are primarily communicative in nature. Although many agencies are attemping to move in the direction of a comprehensive, planned and integrated marketing program, at the present time there is little directly applicable literature, no historical precedence, and therefore, design, development, testing and implementation must take place simultaneously. It must do so in an uncertain economy;**
- ★ **The State/Federal VR program poses some unique marketing circumstances in that it must address multiple audiences, each of which impacts program implementation differently yet critically;**
- ★ **VR lacks the data base which is the foundation of planning in marketing.**

Nevertheless, it was the feeling of the group that the outcomes of a strong and well developed marketing approach to programs would be of considerable import to the lives of disabled individuals. The growing interest of agencies, both public and private, suggests that this is an area worthy of serious investigation.

What is Marketing?

Marketing is the discipline of analyzing demand, designing products to meet demand in a profitable manner, and developing promotional and distribution methods to activate demand. (Kotler & Levy, 1969). The core idea lies in the exchange process. It occurs when two or more parties have something to exchange and can carry out the process of communicating that need and complete the distribution (Kotler & Zaltman, 1971).

Marketing is a component of management science in which the analysis, planning, implementation, and control of programs is designed to bring about desired exchanges with target audiencs for the purpose of personal or mutual gain. It relies heavily on the adaptation and coordination of product, price, promotion, and place for achieving effective response (Kotler, 1972).

It occurs when an organization realizes that the exchange relationships already in effect could be capitalized for better profitability through planning, and the key is customer satisfaction engineering. Researching what the customer wants, producing it at the price the customer is willing to pay, and getting it to the customer at the right time and place is essential.

Marketing was considered the private domain of for-profit business until 1969 when Kotler and Zaltman (Kotler & Levy, 1969) introduced the concept that marketing principles could be applied to not-for-profit business as well. Since that time, much has been written about the translation of conventional textbook approaches to social marketing programs. Lazer and Kelley (1973) and Sheth and Wright (1974) studied the definition of social marketing; Lusch, Laczniak & Murphy (1979) the ethics involved in social marketing; and Luck (1974) the appropriateness of broadening and marketing discipline to include social marketing. All the while, universities, churches, arts organizations, charities, foundations, cities, and other not-for-profit businesses were grasping at marketing as a blueprint for survival.

The Marketing Model

In their classic study, Kotler & Levy (1969) identified nine concepts which form the core of the marketing model applicable to the not-for-profit organization.

1. **The organization must define its products in terms of consumers' needs;**
2. **It must identify and clearly define its target audiences.**
3. **It must clearly differentiate the needs, goals and desired products of each target group;**
4. **It must analyze the behaviors of each target group;**
5. **It must capitalize on the differential advantages of the organization;**
6. **It must integrate market planning with program planning;**
7. **It must select the right mix of marketing tools;**
8. **It must monitor the marketplace; and**
9. **It must continually monitor its effectiveness in that marketplace.**

Product Definition

Businesses surviving and profiting in tough economic times do so because they define their products in the context of customers' needs in broad generic terms which focus on services provided. AT&T abandoned their "telephone company" focus to become a "knowledge industry." Esso was a gasoline business; Exxon became an energy business. Revlon moved from a producer of cosmetics to the "beauty" business.

This concept of generic definintion isn't mere lip service. It pervades every level of the organization from product development to packaging, sales, distribution, and advertising. To inaccurately define the product ... to define it in confining and narrow terms ... to presume that the product has built-in longevity is to run the risk of becoming a dealer of "Edsels" (Levitt, 1975). On the other hand, defining an organization too broadly is to run the risk of offering services too generic to meet anyone's needs. Schools, for example, in the late sixties and early seventies moved from teaching basic skills to meeting the needs of courses "relevant to real life," and as a result needs for basic literacy skills were not met.

Defining VR's product is a complex task. In the State/Federal program, it is generally agreed that the outcome of the VR process -- the client -- is the primary product. However, in alternate settings, such as industrial relations projects and private rehabilitation, the product may be disability cost-reduction services or disability management services to employers. In a sheltered workshop, the product may be the manufacturing, packaging, assembling, etc. of tangibles. The critical issue may not be settling the "right" definition, but developing an operational definition for each discrete branch of the organization.

Target Group Definition

After defining the organization in broad consumer-oriented terms, the next step is targeting specific audiences with whom the organization carries on mutually beneficial exchanges. This definition must be based on solid data. For instance, one Southwestern zoo presumed that its target population was upper middle class people when, in fact, surveys indicated that their largest population was Hispanic and at a much lower economic level. Only with factual data in hand could marketing questions be raised, such as should that major target be sustained or increased? Should audience spread be increased? Where should solicitation for contributor support be directed?

VR targets to multiple audiences, however, and there is a need to identify specifically what audiences are being addressed, what the real needs of

this audience are, and what goals VR has for the exchange. In the following chart, the major audiences are identified along with a brief summary of the possible values available for the exchange transaction. The list is certainly not all inclusive, but merely a departure point for intensive and localized scrutiny. Some audiences may appear to be secondary or marketed on behalf of the client. It is still imperative to understand that these relationships can only take place when there is an exchange of value which is critical, meaningful, and valuable to both participants.

Perhaps because rehabilitation targets to so many audiences. there is a tendency to underestimate the critical differential elements of the marketing exchange.

Ten Major Audiences

Exchange of Values

Target Publics	Their Needs		VR Goals
Disabled individuals	1. None 2. Information about VR 3. Information re:disability 4. Services from VR 5. Services - other sources	6. Employment 7. Independent living 8. Barrier-free environment 9. Recognition 10. Involvement	1. Inform of available service 2. Attract to agency as client 3. Enlist aid in program support 4. Referral source 5. Volunteers (peer counseling, etc.)
VR Client & Family	1. Counseling/guidance 2. Training/education 3. Employment 4. Physical services 5. Disability info (specific)	6. Self-esteem 7. Community integration 8. Independent living	1. Sustain in program 2. Complete program 3. Employment 4. Program support 5. Referral source 6. Volunteer
Disabled Consumer Groups	1. Recognition/visibility 2. Employment 3. Housing 4. Transportation	5. Barrier-free-environment 6. Medical services funding 7. Self-determination, power, control 8. Education 9. Up-dating disability info	1. Alliance 2. Allegiance 3. Lobbying power 4. Program support 5. Manpower (volunteer)
Employers	1. None 2. No hassle from government agencies 3. Troubled employee services 4. Employees (job-ready)	5. Technical assistance 6. Recognition 7. Community involvement 5. Program support	1. Individual placements 2. Placement relationship(long term) 3. Referrals 4. Relationships w/other employers 6. Tangible in-kind support
Service Providers (Commercial)	1. Business 2. Profit 3. Repeat business 4. Advertising to other customers (good will)	5. Personal and corporate satisfaction	1. Goods and services 2. Fair value 3. Quality product 4. Indirect program support (good will)
Service Providers (Government)	1. Business (goods, services, clients) 2. Program support	3. Funds (3rd party f/VR) 4. Services	1. Services 2. Business 3. 3rd party funding 4. Program support
General Public	1. None 2. Info re; services for self, family, friends (specific) 3. Info re: disabilities (generic) 4. Info against time of need 5. Self-enhancement		1. Program support 2. Advocacy on behalf of handicapped individual a. jobs b. barrier-free environment c. attitude change 3. Referrals 4. Volunteers Direct fiscal support

Legislators	**1. Run the government** **2. Keep constituency represented** **3. Protect special interests**	**1. Financial support** **2. Program support**
In-house	**1. Job satisfaction** **2. Climate to the job (info input, info, fallback decision-making)** **3. Maintain job** **4. Personal self-esteem**	**1. Program operation continuation** **2. Quality of service** **3. Cost containment** **4. Work environment at peace**
Media	**1. News** **2. Feeder relationships**	**1. Program support (good press)** **2. Absence of bad press** **3. Marketing tool**

Differential Marketing

Why does one cosmetic company produce multiple versions of basically the same hand lotion? Because there is a market for a low cost hand cream that is readily found in discount variety stores and the supermarket, but there is also a customer for the "environmental correction fluid" sold behind the counter in the department store. And there is yet another market for the lotion that bears the scent and the name of a fashion designer. In every case, the exchange is tailor-made to the target population.

It is easy for an organization to confuse its own needs with those of its audiences. Rehabilitation may need to communicate the importance of its role, while the general public may not perceive it has any need for that information. And even this basic information must be tailored to the audience's arena of comprehension and acceptance. The educator has differing needs from employers and clients differing needs from medical professionals. Focusing on that which an organization wants to **transmit** rather than what the target audience perceives will **meet their needs** is one of the biggest mistakes an organization can make. The second is assuming that the customer's goals are secondary. In a marketing posture, the customer is **always** the focus. The marketer may adopt strategies to bring the customer's orientation close to the organization's point of view, but the operational assumption must always be -- **it's a buyer's market.**

In the following chapters, four discrete market segments will be examined in detail and this concept of the "exchange of values" more fully explored.

Analyzing Behaviors

Why does each target group believe and act as they do? One reason the earlier chart on target populations was offered as a beginning is the real lack of market research in VR. Business and industry not only do intensive research on consumer behaviors, they utilize simulations to play out interactions of behaviors, market conditions, environment, the economy, etc. Even the non-profit sector relies on data. There is substantial research on which to build fund raising, audience development, etc. In a major study conducted by Wilkie & Gardener (1974), the case was made to substantiate audience behavior research within government agencies and the impact of that research on the development of public policy (Ritchie & LaBreque, 1975), yet rehabilitation continues to attempt to make marketing decisions based on less than adequate data. In a major annotated bibliography of attitudes toward disabled individuals, Makas (1981) was unable to locate a single comprehensive, validated study of attitudes involving even one of the major target groups.

Knowing what the audience believes is a critical step in marketing the plan formulation. The following lists illustrates the **demand response tasks** based on the position of the target group's **demand state:**

Demand State	Task
Negative	**Convert the audience**
No demand	**Create/stimulate it**
Latent demand	**Develop it**
Faltering demand	**Revitalize it**
Irregular demand	**Synchronize it**
Overall demand	**Maintain it**
Underfull demand	**Reduce it**
Unwholesome demand	**Restrain it**

Differential Advantages

The concept of "differential advantage" is simply that of exploiting those things an organization does best. Hertz is known as the best in car rentals. The city having the winning sports team is the city of champions. "Topol" is the toothpaste for smokers. And so on ...

What does each agency unit do best when compared with the needs of each target audience? When an agency has an outstanding program,

product or service, is it exploited? If there is exceptional strength in client evaluation, is that information conveyed to employers and potential clients? Is it shared with other service providers? Many times, an agency establishes and promotes a differential advantage unwittingly and to the detriment of other program segments. If an agency is identified with developmentally, disabled populations who are placeable primarily in food preparation and janitorial jobs, what kind of statement does this make to skilled workers injured on the job and offered VR services? Do employers perceive that the agency produces **only** a pool of unskilled workers?

Multiple Marketing Tools

Tools available to reach your target group are the product, packaging, price, distribution channels, and promotion which together make up the marketing mix.

Changing the **product** may mean adding or subtracting to the line or substantially altering the configuration of the existing product. Lennox Industries, for instance, predicted the shift toward demand for solar energy. The added a whole new product line of heating systems and water heaters to their existing line of heating and cooling systems for residential and light commercial customers. VR has frequently changed products, e.g. adding a program for chemically dependent workers, closing down a special school program whose services were taken over by another agency, and shifting a sheltered workshop from subsidized to competitive employment.

Repackaging the product means giving it a new and different appearance. Sine-Off, an over-the-counter sinus medication recently went through four major repackaging efforts in a five-year period. New design critieria for child-proof packaging was one influencing factor, but the primary reason was a need to establish product differentiation between its product and three brands similar in name and appearance. This example is important to VR. Not only do we need to distinguish ourselves from other social service providers, but to make distinctions among client-products (i.e., not all VR clients are systems design analysts, nor are they all mentally retarded food service workers).

Distribution means the channels by which your product gets to its consumers. Among the steps RC Cola took in hoping to capture a larger share than its 5.6% of the cola market was to acquire another channel of distribution by purchasing Arby's, a fast food franchise. Faced with Pepsi's 21% and Coke's 35% of the market, RC needed to make a subtantial impact within that share of the market uncommitted to either of the top two. Rehabilitation is more than casually familiar with changes of distribution modes. Satellite offices in shopping malls, offices in inner-city schools, projects in rural areas all demonstrate alternative ways of getting services to customers. The question is, can services to employers be just as flexible?

Pricing is the real or perceived dollar, time or effort cost affixed to the product. A company like Levi Strauss can endure a price-cutting war on the part of its distributors and still succeed to hold wholesale prices and make substantial profits as long as customers still demand their product and are willing to pay the price. VR needs to remember that every exchange has a price -- it costs money and time and productivity to train a new worker. It costs time, money, and effort to devote time to meeting with a VR representative. It costs a significant amount of money to replace an inappropriate placement. How much is the employer willing to allocate? Can these costs be reduced or recompensed? In order to keep a good on-the-job (OTJ) slot, one agency used staff to do the job temporarily if clients were unavailable, so the employer would not lose work-hours between placements.

Promotion is the use of publicity, advertising, public relations, and atmospherics to communicate with an audience. A non-profit organization like a symphony orchestra uses publicity in the form of media releases and interviews on radio and TV with the conductor and guest artists. A public relations angle would be a free concert in the city park during the lunch hour. Advertising comes into play when a major bank purchases a newspaper page and donates it to the orchestra to publicize the season ticket campaign. Atmospherics is a way of describing how the organization looks and feels to the prospective customer. The Women's Auxiliary may sponsor a full-dress benefit ball in a lavishly decorated hotel to offer patrons a sense of participaing in a gala social event. On the other hand, the orchestra members dress in jeans and T-shirts to play informal "pops" concerts to elementary school children in an atmosphere that is designed to project fun and familiarity.

While VR does a lot of promotion, it does not always distinguish between the goals of a promotional effort and the promotion itself. Every staff member is responsible for promotion, from the secretary whose job is greeting visitors (public relations) to the counselor presenting a program to the service club (publicity). Perhaps the ventures are not particularly slick or sophisticated, and this may not be necessary. The problem, however, is the need to coordinate efforts at promotion with efforts in the other aspects of the marketing mix by targeting goals up front and maintaining the initiative through follow up.

Integrated Marketing Planning

In summarizing how the adoption of a marketing stance affects an organization, Kotler (1979) describes the kind of glow-effect that follows the top level staff meeting in which the new organizational chart is passed around and the marketing manager makes his/her kick-off presentation.

Many organizations view marketing as essentially a tactical activity designed to help the organization improve its effectiveness in attracting resources and customers. They think that this is accomplished by adding a marketing director and small staff who carry out the necessary planning and implementation; that this staff can be added and be effective without making any changes in the organization. The organization continues to produce the same products and services for the same customers and the job of the marketing staff is to help promote or sell them.

McKay, in **The marketing mystique** puts it even more bluntly:

> **Marketing may require drastic and upsetting changes in organization. It usually demands new approaches to planning. It may set in motion a series of appraisals that will disclose surprising weaknesses in performance, distressing needs for modification of operating practices, and unexpected gaps, conflicts or obsolescence in basic policies. Without doubt, it will call for reorientation of business philosophy and for the reversal of some long-established attitudes. These changes will not be easy to implement. Objectives, obstacles, resistance and deep-rooted habits will have to be overcome. Frequently, even difficult and painful restaffing programs are necessary before any real progress can be made in implementing the concept.**

Monitoring the Marketplace

One of the most critical issues facing rehabilitation marketing development is the systematic evaluation, both internal and external to the agency. An in-depth, comprehensive audit takes into consideration agency program strengths and weaknesses, resources (fiscal, personnel, etc.), and existing goals and objectives. An external audit considers target population characteristics, needs, goals, and feelings, the economy, legislative atmosphere, etc. Kotler (1975) suggests that "the most valuable part of the marketing audie lies not so much in the author's specific recommendations , but in the process that the managers of the company begin to go through to assimilate, debate and develop their own concept of the needed marketing action." And among those most in need of implementing an auditing process are non-profit organizations which are just beginning to think in marketing terms.

For a more detailed description of the auditing process and two sample market audits, (a comprehensive generic plan authored by Kotler and a shortened VR version designed by Peter Vail of the Rehabilitation Administration and Management Program at the University of Oklahoma) see the IRI publication previously cited.

Monitoring Progress in the Marketplace

The auditing and evaluation process must be ongoing. A VR agency moving into the areas of marketing is going to have to remain flexible and able to evaluate situations rapidly and make adjustments. Even corporations experienced in marketing and the development of consistently successful yearly plans are now faced with making multiple continguency plans and revising the best of plans quarterly, monthly, and even weekly.

A DOW Chemicals executive talked about relying on ESP (Economic, Social and Political) situational appraisals, and described it as "having someone out there always looking around," (Business Week, 1975). Hewlett Packard went to their own high capacity computers for simulation modeling in evaluating factors. In one instance, they ran 50 scenarios on four different models to play out all of the possibilities of a single marketing decision.

While no VR agency can afford to concentrate on the study of alternatives with such intensity, there is need to be aware of and highly sensitive to what is going on in the world. You may not be able to have an officially designated "planner" sitting around and forecasting. But you certainly can have your staff tuned in and turned on and aware of how and where to relay the new information they pick up. Frankly, no one is really sure that forecasters can see any further down the road than any other management specialist. They just know they have to keep looking not only down that road, but off to the sides and down each and every branch road. And when they sense something in the offing, they do not look the other way, saying, "That could be trouble." What a planner does is ask, "What do you suppose it will mean to the company if that thing down the road gets any closer?"

Some Considerations and Constraints

Gathering Information

Since sound marketing is based on research of the wants, needs, perceptions, attitudes, habits, and satisfaction levels of markets, VR comes up at a distinct disadvantage because of the lack of good quality data regarding the multiple audiences we address. Even existing client data pose difficulties

in interpretation and utilitzation and often cannot be readily accessed. Rather than focus on client closure data by counties, for example, it may be desirable to look at legislative districts which the existing date system may not allow.

Similarly, there is difficulty obtaining valid measures of variables. Disability and its impact on functioning is minimally measured. Assessments of employer attitudes are even more unreliable and there is little knowledge of the effects of these variables on behaviors.

There also is a problem in sorting out determinants identifiable in consumer behaviors. For instance, asking the clients who drop out of the process to sort out and articulate reasons for their behavior is unrealistic. The counselor's analysis of the behavior probably is too subjective.

Finally, there is the issue of getting this type of research approved, funded, and accomplished in a timely manner through the government bureaucracy. For VR, as research money becomes even more scarce, the available funds are more likely to be directed to projects with more "product" output. If marketing comes to be viewed as a program priority, then some effort needs to be directed to this area of analysis, whether it be through already established research formats or through some other arrangement, i.e. an agency, a consortium of state agencies, or perhaps professional organizations seeking alternative funding.

Sorting Out Markets

One of the keys to marketing is the organization of the marketplace into homogeneous units which can be individually addressed. In social service systems, this technique is feared in that certain segments may be ignored or deliberately denied services or benefits. The social marketer is often expected to refrain from segmentation or to address unreasonably large numbers of segments resulting in broad but shallow program effect. The suggestion that VR as an agency might achieve better performance by addressing specific segments of the marketplace raises important questions. No matter how carefully the concept of segmentation is framed, it will undoubtedly evoke strong emotional responses. Some marketing experts have advocated total focus on one segment, for instance, the employer population. While this identification is critical in helping an agency gear up for major operational and philosophical changes, the reality is that VR must and will continue to address multiple audiences. Segmentation can be both a method of problem identification and clarification. In a situation where hard data which could substantiate segmentation decisions is unavailable or unreliable, the kinds of input to legislative decision-makers which could impact program criteria are weakened.

Product Strategy Problems

One of the strategies commercial marketers use in adapting products to meet needs is the repackaging and adjusting of product characteristics, be they substantial redesign or simple renaming or wrapping in a different color box. Although many authors theorize social service marketers have less freedom in repackaging, this is one area which holds promise for VR.

The reshaping of client characteristics -- referring to the "job-ready worker" instead of "trained client" is a **repackaging of the product** in terminology which meets the consumer's needs.

Pricing Strategy

Because the tendency is to focus on dollar costs, especially when case service dollars diminish, in-kind costs, staff time, and energy, may be forgotten. Traditionally, social service agencies count staff time and overhead as fixed expenditures and in totalling costs per client, look only at the direct purchased costs, which is a gross underestimation of expenditures.

Likewise, in services provided to non-clients, no cost accounting or, conversely, performance credit is recorded. What actually is the cost of doing a job-site analysis in terms of staff time on site, doing library research, making phone calls, doing follow-up?

Marketing Mix

One of the problems inherent in marketing ideas is that there is no way to control the marketing activities performed by intermediaries, and this can be negative in nature. For instance, if a doctor has had a bad experience with VR, (s)he will tend not to refer clients. If a former client has made it big and is now in a position of relative power and wishes to disassociate him/herself with VR by conducting an anti-rehab campaign, there is little that can be done to intervene.

The behavior need not be aggressively anti-VR, but a function of lack of knowledge or an inability to process the information accurately. For instance, the well-intentioned social worker who consistently refers any and every individual with a past or present medical history to VR, whether or not the person is interested in working, can produce negative effects.

Evaluating Problems

Evaluating the effectiveness of a marketing effort is difficult even in the best of situations with clearly identified market segments, countable products, etc. In a social setting, marketers frequently cannot even define marketing effectiveness

measures, i.e. the 26 closure* is not an effective measure of marketing effort. It is often impossible to estimate the contribution that marketing has made toward achievement of specific objectives, the casual relationships being blurred by numerous interacting forces and efforts. What is generally done is a sub-measure of effectiveness such as attitudes, knowledge and awareness. Even this can be highly problematic and expensive.

What is needed is a central clearinghouse for marketing planning and implementation. Without an integrated, comprehensive master plan which delineates goals, objectives, tools, and strategies to meet those goals, timetables. and personnel assignments, the benefit to cost ratio is seriously diminished.

To be realistic in marketing planning, there are issues which need to be addressed. Some are inherent in the fact that we are what we are, a governmentally-directed program, and marketing is, at this time, almost a new element in our environment. Bloom and Novelli (1979) identify one of the key problems in social marketing is that "little attention has been paid to how difficult it is to transfer the technology of marketing to the arena of social problem-solving."

Rehabilitation, however, approaches marketing with numerous strengths and these include:

- ★ A strong sales force in terms of field staff already involved in some phase of marketing;
- ★ A flexible program attuned to change;
- ★ A diverse program with measureable outcomes;
- ★ Linkages to target groups already established.

The potential for change is there; the question remains, can rehabilitation management seize the opportunity and grow? □

*** Status 26 is used by the State/Federal; VR agencies to designate a case closed as rehabilitated.**

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Excerpts of Reviews and Comments

The following are excerpts of reviews, comments, and questions raised by the Switzer Seminar participants. These are presented to further stimulate thinking, discussion, and action as it relates to the context of the chapter by **Jinny Spann.**

I. Implications for Policy and Program Development.

The case for a marketing approach for vocational rehabilitation is well presented in this paper. Rehabilitation agencies would be well advised to adapt a marketing approach and the steps for developing this is spelled out in the paper. Particularly important is the need to know audiences and to style services to meet the needs of these defined groups. Principles of marketing ought to be followed in setting up any new policies or programs. Marketing expertise should be sought, where possible, to develop sound strategies for service delivery.

One specific item I will comment on is the concept of "pricing." In my opinion, I find rehabilitation agencies not attending adequately to this dimension. I have observed many instances of both extremes -- over pricing and under pricing.

Over pricing seems to occur when service providers fail to understand how new mandates, strategies, etc. can be integrate into the ongoing service delivery system at little cost. Rather, these options are seen as add-ons requiring additional work loads and staffing.This may not always be the case.

Under-pricing seems to occur when the agency provides services that are of value to target audiences who have the ability to pay, but are not charged for such services. Many rehabilitation agencies currently provide a wide array of services to employers, but do not sell these services. The fact that such free services exist creates a climate that inhibits other agencies from marketing these services. In fact, the "free" service is costing the provider money that is not being passed on to consumers who have the means to meet the real costs.

II. Implications for Training of Staff.

The principles of marketing outlined in this article should serve as the basis for training rehabilitation personnel. This should occur both as graduate school training and continuing education. I would subscribe to the view that all rehabilitation professionals are involved in aspects of marketing and need to understand it in order to be more successful. Administrators especially need to understand how marketing can help the organization be vital and more efficient.

III. Implications for Research

Because marketing has not been attempted systematically in our field, there is much room for research. Some possible areas of research are:

a) Development and testing of various marketing strategies relevant for various service elements and target groups.
b) Effects of various types of communication formats on marketing various service elements to diverse target groups.

--JACK VICTOR

An excellent overview of marketing strategies and terminology.

The concern of the participants of this Switzer Seminar has to be, how do you get non-business, non-sales, non-marketing people who do not have the time to re-tool and maintain their current job pressures, to do market surveys, markets segmentation, better product development, promotion, and all of the other time-consuming functions of an operational and effective marketing program?

At this point, some 180 counselors, supervisors, and support personnel in the North Carolina Division of Vocational Rehabilitation Services have been involved in workshops on marketing and sales strategies in the placement process. At least 150 of these are sold on the concepts, see how it could work and improve our placement services, but have made very little if any real change in their method of operation. Why? Agency objectives are not focused on employer services, placements, or sales promotion, but rather on production and case closures because that is the basis for our funding and continued existence.

Additionally, if resources are not available to agencies for personnel who are skilled and experienced in the carrying out of a marketing program, or for purchasing of consultation in marketing, then the participants of this seminar will need to devote a fair amount of effort in developing a "how-to manual" that will give specific methodology for implementing a marketing plan. It appears that the implementation of such a plan, in this state at least, will be left up to the field staff on a regional level rather than by a state office marketing director. With four regions and approximately 40 unit offices, we pro-

bably will wind up with 40 different approaches to marketing at 40 different levels of effectiveness. This would not be my idea of an effective marketing program, but perhaps better than what we have now.
--FRANK N. SELL

In reading this paper, five points become apparent. First, establishing a philosophy and vocabulary for marketing that can be agreed upon by rehabilitation professionals. The concept of marketing has always been associated with the private-for-profit sector and is often viewed as offensive to the social service professionals. Therefore, a mutual agreement and understanding of how this concept can be beneficial for all involved in the rehabilitation field is essential.

Second, understanding the marketing goals for the rehabilitation field. Not only are there multiple audiences, but also multiple services. Therefore, it is important to identify what the goals will be for each. Vocational rehabilitation services are often interdependent on other agencies and department agreements become necessary between all parties involved.

Third, a comprehensive effort by Vocational Rehabilitation leaders to: elicit necessary federal support and flexibility required to develop needed marketing strategies, develop a sharing network, and joint marketing campaigns.

Fourth, elicit support from state human service departments wherein Vocational Rehabilitation is located. Social service systems are hesitant to market, especially at a time of uncertainty both monetarily and programmatically.

Fifth, statewide monitoring of rehabilitation programs. This would allow information sharing on services in order to avoid duplication, brainstorming on marketing approaches, and shared responsibility in order to maximize efforts and appear organized to the customers, etc.
--NANCY BELOHLAVEK

An excellent document on marketing that very neatly defines the subject and shows its application to marketing. A good point is made by Spann when she notes that rehabilitation "engages in components of marketing that are communicative in nature." Her lament that VR is at a disadvantage because it lacks good quality data, an essential in any effective marketing program, is a well-taken point.

Recommendations:

1. Attempt to establish a national data base, perhaps through the Federal Government.
2. Establish a simplified format for individual agency data collection that will not necessarily require an electronic system for record-keeping.
3. Prepare a manual on how to use the data as the base for a marketing program.
4. Establish a national committee of marketing experts who will think through the simplification of marketing process so that the smallest agency can understand and use the discipline.

--SHIRLEY BONNEM

In my opinion, before the rehabilitation profession can begin to use the management strategy of marketing, a definition of roles must be defined within the rehabilitation agency. Whose idea is it to market rehabilitation? Is it the administrator? Middle manager? Counselor? Placement specialist or should the agency hire a marketing consultant? In my opinion, it is all of the above!

Marketing must be marketed to rehabilitation professionals even before the agency can begin to implement marketing as a management tool. Rehabilitation professionals are not accustomed to marketing or even comparing rehabilitation to a business or industry.

I feel the author has developed an excellent tool for the VR agency to utilize as a beginning "cook book" to incorporate or sell marketing within the rehabilitation agency.
--ETHEL D. BRIGGS

The implication in this paper is that vocational rehabilitation organizations are already performing, to some degree and perhaps not consciously, many marketing functions. My own experience as a trainer, having had involvement with VR agencies nationwide, is that this is quite true. The policy and program implications, therefore, for readers in organizations, is the implementation of some objective assessment of what, and how, "we are doing" in a marketing effort. What usually occurs in the early stages of such an assessment is a fear which arises on the parts of administrators that a rehabilitation agency is a **public** organization, and had better not be spending any resources on anything that smacks of advertising, promotion, or marketing. Ms. Spann's conceptual framework should help dispel any such fears, but perhaps the ethics of public marketing should be considered.

The second issue raised in the paper is the evaluation of the marketing effort. The suggestion has been made that the regeneration of resources or generation of new resources is the best measure of marketing effectiveness. Strategies for measurement can be developed in many areas, including demand measurement, cost-effectiveness measures, "image" surveys, satisfaction assessment (internal and external), and changes in program recognition.

As witnessed by the designation of the two IRI topics and this Switzer seminar focus on the topic of marketing, the surface is barely scratched.

Policies at federal, state, and local levels, program issues, research issues, training needs are all wide open for some new assessment utilizing some very basic marketing concepts.
--PETER C. VAIL

I don't believe that vocational rehabilitation as we know it will survive unless we do the data collection and research necessary to the development of a market plan. However, this research must be done not for the purpose of continuing to provide services "as usual," but rather for the purpose of improving the quality and effectiveness of services and to expand services where needed.

For example, to what extent is vocational rehabilitation adjusting to a changing population? In our urban areas, we are seeing increases in non-English speaking, minorities, and aging population groups. Yet, are counselors assisted in learning new language skills, developing a knowledge of cultural and ethnic groups different from their own, or trained to work with an increasing population of disabled people aged 45+? Outreach materials and information booklets in my state are aimed at parents, educators, and young, disabled people. Somewhere in the material, a statement is made regarding people of all ages. Some states have begun to translate promotional materials in Spanish and other languages. What are future needs of clients? Are they changing and how can agencies prepare for change? These are all issues that must be addressed as part of a marketing research plan.
--ROBERTA Y. HOUSMAN

Chapter Two

The Current Perception of Rehabilitation in the Public Mind

By Dr. Jack Victor and
Dr. Henry Viscardi, Jr.

The television show "What's My Line" had many different occupations represented, but never in our recollection did they have a rehabilitation professional. Indeed, most people wouldn't know what that job meant had it been revealed by the program moderator. Both of us have spent a great deal of time often trying in vain to explain to people what we do for a living. Some of our children haven't figured out what we do yet, and we can safely say that few of their friends do. Indeed, we face the box on a questionnaire marked "occupation" with dread. We have learned to avoid the question at social gatherings with adroitness.

Unfortunately, social service works in general are not valued in our society. They fall behind teachers and even radio operators in prestige ratings of occupations (Hall, 1969). We have provided technical assistance to a particular Vocational Rehabilitation Program for several years, and a constant problem has been job turnover among those staff whom we train. When the opportunity arises, rehabilitation staff often transfer to another social service program where remuneration is higher. Only one-third of the counselors still remain in the program after three years.

The problem of educating and interesting the public in what we in rehabilitation do, is the focus of the current Mary Switzer Seminar. This paper will attempt to show where we presently are with respect to how the public views us. Since there is no hard data dealing with this question, we will rely instead on our own observations and on inferences from information indirectly bearing on this topic.

Definitions

Terms like perception, attitudes, and inferences or ideas often are used interchangeably, but can also describe somewhat different pyschological processes. In this paper, we will distinguish the three as follows:

a) **perception is one's impression on an object or idea.**
b) **attitudes are the affective component of a perception.**
c) **inferences or ideas are interpretations of perceptions based upon past experience and reason.**

To illustrate the differences between these three functions, consider the following example.

Mr. X meets Ms. Y who is sitting in a wheelchair.

Mr. X's observation of Ms. Y in the wheelchair is a perception. Mr. X's feelings about Ms. Y and her wheelchair, etc. are his attitudes. Interpretations such as: Ms. Y cannot walk or Ms. Y is permanently disabled, or Ms. Y is unemployed are inferences.

These inferences can stem from logic, but depend on certain assumptions -- in our example on why people use wheelchairs and the status of people who use wheelchairs. These inferences, in turn, have attitudinal components that may affect attitudes about the perception. Mr. X may not like unemployed people. These inferences operate as hypotheses and, therefore, usually are more amenable to change than are attitudes. That is, we can show Mr. X that Ms. Y is employed. If the negative attitude toward Ms. Y is based on that assumption, the attitude also will likely change, but not if the attitude is based on other factors.

Attitudes or ideas may be overt or covert. When overt, they often can be inferred from behavior. When covert, attitudes are difficult to discern. Scientists, however, can infer some of these through physiological measures or from symbolic behavior. Behavior refers simply to the individual's activity. Attitudes and ideas more often than not impel the individual to respond. It is these responses that create change. In terms of

perceiving the vocational rehabilitation system, one might be able to infer ideas, attitude, and/or perception from examining behavior. We generally are more concerned with how someone behaves toward us than how one thinks, feels, or perceives us.

The purpose of the above discussion was to distinguish among psychological processes all of which could be involved in marketing strategies. The task of marketing is to direct consumer behavior toward the products or services being marketed. Since behavior, as we have seen, stems from the interaction of perceptions, attitudes and impressions, the question is, where should marketing be directed?

While it is the behavioral change that is most desired, it is difficult to manipulate this on a voluntary basis. The interpretation, attitude and perception, however, are amenable to marketing techniques. Interpretations are manipulated by associating the product with generally positive objects or ideas. Attitudes are manipulated by associating the product with positive affect. Perceptions are manipulated by packaging the product in an appealing way or pointing to the positive elements of the product.

We will take a look at each major audience with respect to these concepts. Before we do, however, we need to define the object of perception. The field of rehabilitation is complex and multifaceted with blurred borders. Just how blurred these borders are is illustrated by the current debate over just where in the federal government rehabilitation ought to be placed. Rehabilitation has been linked structurally with the Social Welfare System, Human Services, and Special Education. There is a strong movement to bring it back from Education to Health and Human Services. State governments house Rehabilitation in Education, Social Services and even Labor. Programs in Housing and Urban Development (HUD), Department of Transportation (DOT), and the National Institute on Mental Health (NIMH) also impact on rehabilitation practices. Boundaries between rehabilitation and medical practice; also rehabilitation and employment services are overlapping, to name just a few of these disputed borders. Distinguishing vocational rehabilitation from other forms of rehabilitation such as medical rehabilitation, helps only slightly. We have experienced what could be called vocational rehabilitation practices performed by counselors, educators, psychologists, nurses, employment specialists, social workers, trainers, work supervisors, industrial engineers, and even the clergy, parents and disabled citizens themselves. Agencies delivering such services vary from hospitals, private, non-profit rehabilitation centers, government agencies, sheltered workshops, private, for-profit rehabilitation programs, advocacy programs and self-help groups. Even definitions of who are to be served by these programs change with time. The State/Federal Vocational Rehabilitation program in the past has served substance abusers, public offenders and the economically disadvantaged. In addition to those with physical disabilities, it serves the mentally retarded, emotionally disturbed, and now the learning disabled. Once limited to those judged to be vocationally feasible, the program provides independent living services for the severely handicapped. The program also serves the aged and is mandated to conduct research with children. In addition to the State/Federal Program, a growing parallel rehabilitation system has emerged that responds to the rehabilitation needs of insurance claimants, particularly those with workers' compensation claims. Thus, perceptions of the vocational rehabilitation system at different times by even a simple observer may have distinctly different reference points. The rehabilitation system that we will focus on is that of vocational rehabilitation characterized by the Federal/State system mediated by the Rehabilitation Services Administration (RSA) and the State Vocational Rehabilitation agencies (including those serving only the visually impaired). Also included are those private agencies from whom the state agencies purchase services. The major professional service provider in this system is the rehabilitation counselor. We include also those private, for-profit rehabilitation services that are outside the State/Federal system.

Views of the General Public

It is not likely that the general public can easily discern the system described earlier. While all of the audiences with which this seminar is concerned are part of the general public, we are referring here to the lay public -- those individuals that are not members of the other audiences and who are not served by the system and who do not serve the system (except possibly through volunteerism).

The general public interacts with the rehabilitation system primarily through the private, non-profit sector. In 1981, Americans contributed 53.62 billion dollars to charity, a 12.3% increase over the previous year. In 1971, total giving was up only 22.84 billion dollars. 44.51 of the 53.62 billion dollars given was contributed by individuals, 3.49 billion dollars was bequests and 2.62 billion dollars contributed by foundations. It is difficult to determine how much was given to rehabilitation agencies, but some data that is available may give us a clue. The category of Health and Hospitals is probably the area in which most rehabiliattion related giving is classified. In 1981, there were 7.36 billion dollars in contributions as compared to 3.65 billion

dollars in 1971. The 7.36 billion dollars represents an increase of 13.4% over the previous year, the highest increase of any of the American Association of Fund Raising Counsel's classifications (American Association of Fund Raising Counsel, 1982). However, if we look at the list of key national health agencies and pull out only those related to the handicpaping conditions (i.e., Muscular Dystrophy Association, Easter Seals, National Association of Retarded Citizens, United Cerebral Palsy, Mental Health Association, American Foundation of the Blind, Epilepsy Foundation, and the National Multiple Sclerosis Society), we find an increase of only 5% from the previous year. Obviously, if this rate of increase is what rehabilitation is reaping, we are not going to cope successfully with constant inflationary costs.

The Greenleigh Associates national study of sheltered workshops (Greenleigh Associates, 1975), reported that one-third of facilities sampled, received no charitable income. Of the sixty-five percent of those who did receive charity contributions, this revenue accounted for less than 10% of total facility income. Although this data is hardly conclusive, it would seem that rehabilitation is not competing well for charity dollars with the other causes. Moreover, charity accounts for only a minor portion of income.

"Giving U.S.A." indicates that 8.4 billion hours of time is volunteered annually to non-profit organizations. There is no evidence of reduced volunteer time despite two economic pressures impacting on the population: need for double incomes in families; the increase in single adult households. It is difficult to believe that these pressures will not have a negagive effect on volunteerism in the near future. The Greenleigh Study (1975) showed that 39% of facilities sampled reported no volunteers. However, nearly 40% of those having volunteers did have over 150 volunteer hours per month. Facilities working with the physicvally disabled or blind had a greater percentage with no volunteers (42-43%), but also a greater percentage among those with volunteers that average 150 or more hours per month (45-47%). Some facilities, therefore, seem to be successful at attracting the public to volunteer, while others either do not try or have little success. Facilities that primarily serve the mentally ill and/or mentally retarded usually have even more difficulty attracting volunteers.

We are by no means equating the rehabilitation system with charity, however, behaviorally, these are the vehicles open to the public to support the system. One other major area would be to support beneficial legislation, and this will be discussed later.

How does the above help us to understand the perceptions, attitudes, and interpretations that the general public experiences in relation to rehabilitation? It should be realized that only a small portion of the population are served by the rehabilitation system. Unfortunately, the connotation that fund-raising appeals generally have transmitted to the public are to request support for programs that "take care of" disabled persons.

This view is a reasonable interpretation of that to which they are being exposed. This is what the public sees and expects to see. Just last week, visitors came to see us from an advertising agency to discuss, appropriately for this seminar the marketing of Human Resources Center (in Long Island, New York). Discussion centered around the images to be portrayed, and we asked them how their expectations differed from their experience. They expected, they said, to see an institution and instead saw what looked little different than a business with a school attached. The major difference between the Center and other schools or business, was the composition of workers and students.

It is difficult to separate the views of the public toward those organizations that provide rehabilitation services from public views toward rehabilitants. When we talk about attitudinal barriers, we really are referring to ideas about the disabled that are erroneous or stereotypical.

Overt attitudes toward disabled persons have been found generally to be highly positive (e.g., Comer & Paviavin, 1975). However, studies examining covert indicators (e.g., Kleck, 1968; Vanderkold, 1976) do reveal that nondisabled subjects experience discomfort and behave differently when in contact with disabled persons. The nondisabled public, then, is favorably disposed toward disabled persons and for integration of disabled persons into the mainstream. However, personal contact is avoided and is felt as uncomfortable. We might hypothesize then that the nonfamiliarity of the public with the rehabilitation system may be a result, in part, of the wish to keep distant from these different people in much the same way that the majority populations "ghettoizes" minority groups. These feelings of discomfort affect perceptions and interpretations of disabled persons so that justification for their exclusion from interaction with the general public occurs. The improvement shown on a telethon of the child who is being helped to be more mobile is interpreted within the context that for that child, staying at the care center is most desirable. The implication that this improvement could signal eventual integration into society is not grasped. Perception of disabled persons generally center on **limitations** rather than **strengths.** People are generally surprised when disabled persons have talents or skills except those that are the result of stereotyped ideas. It is acceptable for a blind person to excel in music, but not in business. Retarded people might be all right as dishwashers, but

not as artists. Yet there is no inherent relationship between these disabilities and what is or is not acceptable. The interactions that the public tolerates with disabled persons often are prescribed by unwritten rules concerning the conditions under which interaction is to take place.

The avoidance of interaction strengthens the retention of these ideas about the disabled. If experiences are limited, false beliefs cannot be undone as easily, and the public tends to avoid contact. When attempts are made to mainstream disabled or to build facilities for the physically disabled, mentally retarded or mentally ill in our communities, the discomfort turns into active resistance (Viscardi, 1972). Disabled parking spots are still seen as inconveniences by many. Letters to the editor decry barrier removal at public places as unwarranted intrusions and an expense to taxpayers.

It seems to us that the major problem with the public perception of rehabilitation is that the very implications of rehabilitation are discomforting. Many do not want disabled people to be visible, but to be supported in the special environments that exist for them.

An unfortunate aspect of this situation is that rehabilitation organizations or those that assist rehabilitation organizations, relate to the public in ways that support these unfortunate views. Appeals that are made for support have been criticized by advocacy groups and others for the portrayal of disabled persons as passive and dependent. This criticism has been leveled especially against telethons. These appeals have been successful and there is some evidence in the literature that perceived dependence is effective in eliciting altruistic behavior (e.g., Berkowitz & Daniels, 1963, 1964; Wheeler & Wagner, 1968; Midlarsky, 1971 and Lesk & Zippel, 1975).

One telethon attempted two years ago to change their appeal to show their clients in more positive, independent tasks. Results, allegedly, showed a steep drop in income and elicited angry letters asking why support was sought if these clients were so independent. Perhaps the appeal was unsuccessful not because of the perceived independence of the clients, but because the need was not clearly communicated. Human Resouces Center's fund raising office cooperated with a study done at Hofstra University in which the experimenter tested the appeal of what she called **coping** vs **succumbing** appeals on amount and number of contributions. No significant difference was obtained. Perhaps the succumbing type of appeal has been overrated.

National Leaders

National leaders impact on vocational rehabilitation through the promotion and passage of legislation that fund and otherwise support vocational rehabilitation programs. As leaders, they also are in a position to influence the behavior of others through pressure as well as example.

Rehabilitation has fared well in terms of Federal and State funding. In 1980, funding for the Federal-State programs was at 1.20 billion dollars, as compared to 655.8 million in 1971, (Rehabilitation Services Administration, 1982a). In every year from 1971 through 1979, allocations to rehabiiitation increased. However, the 1980 allocation was reduced from 1.24 million in 1979.

The current Reagan Administration, to some extent supported by Congress, as we all are aware, is dedicated to cutting government spending on social programs across the board. Given this view, it is difficult to tell whether non-support for rehabilitation is specific or if it is caught in the administration's effort to curb spending. The President, unlike most of his recent predecessors, has not been active personally in activities promoting rehabilitation. It will be interesting to see how the newly appointed National Council on the Handicapped (NCH) will be treated by the Administration that appointed them and the extent to which it will be an effective advocate for the disabled. Since one of us is a member of the NCH, we shall be watching these events closely.

One area that does seem to interest the President is the development of public-private sector partnerships to stimulate job placement of the disabled. Greater effort in this direction was urged in his proclamation for a recent National Employ the Handicapped Week.

Rehabilitation has some effective support in the U.S. Congress. Recent funding bills that have supported the current Administration in social program cuts have not cut as deeply into the rehabilitation program. In fact, the 1983 Congressional budget called for an 8% boost in spending for vocational rehabilitation programs (Handicappped American Reports, 1982).

Both houses of Congress have sub-committees concerned with Special Education and Rehabilitative Services; the Senate Sub-committee on the Handicapped of the Labor and Human Resources Committee and the House Subcommittee on Select Education of the Education and Labor Committee. These committees have been active in proposing legislation of benefit to the rehabilitation program, most notable of which was the Rehabilitation Act of 1973 and its amendments.

The rehabilitation community has organized actively and effectively through organizations such as the National Rehabilitation Association, the Council of State Administrators of Vocational Rehabilitations, the American Rehabilitation Counseling Association and others to communicate its views to interested members of Congress.

A 1979 survey, conducted by the firm of Yankelovich, Skelly and White, surveyed 149 opinion leaders including Federal and State legislators on the question of inceased services and expanded rights for the disabled. Sixty-five percent of the respondents favored such advocacy, and among the Federal lawmakers, the proportion was 72%. In contrast, most city officials (56%) opposed increased advocacy (Rehabilitation Digest, 1979).

National leaders probably reflect the views of the general public, but then so do city officials. After all, we elect them to speak for us. Differences between national leaders and city leaders on this issue may be related to a point brought up with respect to the general public. Attitude and support for disabled persons may be positive so long as it doesn't intrude on one's own community life.

Our impression is that few national leaders are knowledgeable about or interested in rehabilitation. Legislation affecting rehabilitation is but a small segment of the legislation that demands their attention. The need to appeal to an electorate makes rehabilitation a minor issue since the general public is not likely to respond to issues concerning the disabled in the wake of national security, welfare, and inflation. In the current atmosphere, support for rehabiliatation is not a popular position when the public clamors for a balanced budget, less govnerment spending, lower interest rates and lower taxes.

Rehabilitation, to many of our national leaders, is seen as a system providing government aid to a portion of the disadvantaged population. The cost-beneficial nature of the system is not generally appreciated. Persons rehabilitated in FY 1980 probably will experience an improvement in earning over a working lifetime of $10.4 for every dollar spent on **all cases closed** as rehabilitated in that year (Rehabilitation Services Administration, 1982). It is interesting to note, in this regard, that the information system utilized to provide national leaders with the benefit/cost ratio data has been terminated by the policy-makers at the Department of Education.

Employers

The preferred goal of rehabilitation is to place the client into competitive employment. The measure of success most applied to rehabilitation is its success at providing jobs for clients. At our National Center on Employment of the Handicapped, we constantly are working to develop, demonstrate and disseminate strategies to improve placements. We recognize that the key to these efforts is the ability to respond to employer needs and to cooperatively identify and remove the attitudinal and physical barriers to employment.

Abilities, Inc. was established in 1952 to demonstrate that physically disabled persons, when trained and with appropriate modifications, could produce commensurate with industry standards. Shut out of mainstream industry, Abilities' employees performed successfully as subcontractors with the then budding electronic industry in Long Island. Its success became the inspiration for imitations elsewhere in the United States and throughout the world.

While barriers still exist to truly equal employment opportunity, more and more disabled persons are entering into a variety of occupations. The most exciting and rewarding development in this regard is the amount of involvement and initiative undertaken by corporations. The White House Conference of 1977 provided a vehicle to bring industry and labor together under the leadership of John Opel of International Business Machines (IBM) and the late George Meany of the AFL-CIO.

The Industry-Labor Council (ILC) was formed at Human Resources Center to follow up the industry and labor initiative. With Dean Swift of Sears Roebuck and Company succeeded by Joseph Williams of Warner-Lambert providing the corprorate leadership and Charless Pillard of the International Brotherhood of Electrical Workers (IBEW) providing union leadership, the Industry-Labor Council has grown to nearly 80 contributing active national corporate and union members dedicated to expand job opportunities for disabled persons.

Projects With Industry (PWI) is another example of industry involvement in vocational rehabilitation. Starting with a handful of programs seeking industry-rehabilitation partnerships to secure over fifty projects throughout the country and with satellite projects now has over 150 sites. Human Resources Center, in addition to operating a local Projects With Industry in Long Island, has helped start satellite programs in Dutchess County, New York; Puerto Rico; Battle Creek, Michigan; Houston, Texas; San Antonio, Texas; North Carolina and New Jersey. PWI's operate virtually in all states and local programs have expanded into statewide, regional and even national networks. The enthusiastic support of industry is illustrated not only by their involvement in PWI Advisory Committees, but in the actual initiation and operation of projects. PWI grants have been obtained by IBM, Control Data Corporation, Electronics Industry Foundation, and the National Restaurants Association. The project at Human Resources Center is an integral component of the Industry-Labor Council whose members participate in the local and sattelite programs. ILC members not only support the ILC/PWI program, but a great majority are actively involved in other programs. In addition to national programs like ILC and PWI, we are aware

that more and more rehabilitation agencies are setting up stronger ties to industries on their own.

It is gratifying to see the change from the beginnings of the ILC and PWI movement to the present manner in which industry has become more and more of an active partner in directing the programs.

Industry's behavior toward rehabilitation is not confined to the placement-recruitent aspects of rehabilitation. Rehabilitation also seeks the participation of industry in fund raising, management, capital, sub-contract arrangements, and disabled client training.

Employers have the opportunity to see more of the rehabilitation process than does the general public. As purchasers of services, they have contracted for work and hired our clients. Interactions between industry and rehabilitation includes all levels, e.g. the State/Federal system, private non-profit, and private, for profit agencies. Employers, particularly those from private industry, are a major market for rehabilitation.

Perceptions, attitudes and inferences of employers regarding rehabilitation are varied as a consequence of the different kinds of interactions and the complexities of both rehabilitation and many employer organizations. Interaction with companies occure with respect to personnel, Equal Employment Opportunity (EEO), sales, corporated contributions and top management. Utilization of rehabilitation resources depends in part on how employers feel and think about disabled persons.

It was stated earlier that disabled persons are seen positively by the general public, and employers also share these impressions. Curran (1976), sampling personnel managers with the Attitudes Toward Disabled Persons Scale (ATDP), found consistently positive attitudes. These positive impressions in employers also were found in studies by Black (1970) and Whigham and Mattson (1969). However, Rikard, Triandis and Patterson (1963) found that personnel managers consistently preferred nondisabled over disabled job candidates. Schroedel and Jacobsen (1978) analyzed several studies of employers and found that 60% of them expressed a willingness to hire workers with disabilities, but only 32% actually had done so.

Thus, while disabled persons are well thought of, interaction is usually avoided -- a finding consistent with those found in the general public. Studies do indicate that experiences in hiring can lead to a more favorable disposition toward further hiring (e.g. Boianovich & Rasmussen, 1968; Nagi, McBroom & Collette, 1972). Yuker (1977) and Williams (1972) points out that different disabling conditions lead to a different degree of acceptability. Employers tended to justify their exclusion of the disabled in terms of their often erroneous assumptions about how the disability interferes with particular types of jobs.

In the last five years, corporations have surpassed foundations in charitable giving. For example, in 1971. corporations contributed 865 million dollars as compared to 1.95 billion for foundations. In 1981, corporations gave 3 billion dollars while foundations contributed 2.62 billion. Moreover, the rate of increase between 1980 and 1981 was 11.1% for corporations and only 9.2% for foundations. This trend, if anything, is likely to increase since the new tax that became effective January 1, 1982, eases the percentage of assets that foundations must contribute. The 3 billion dollars given by corporations constitutes a record high 1.28% of the pre-tax net income despite the fact that the overall pre-tax net income had shrunk by 5.1% (American Association of Fund Raising Counsel, 1982). While health and welfare organizations receive 34% of corporate charity, it isn't clear what portion "rehabilitation agencies" receive. The fact that there is no clear category for rehabilitation agencies or even one that specifies rehabilitation agencies, would imply that we are not attracting these corporate dollars. This would also seem true of foundation money.

Rehabilitation recognizes that employers have business expertise that can help with the effective management of a non-profit agency and at the Human Resources Center, our board of directors is composed totally of businessmen. Other businessmen are involved in Center activity on other special committees, particularly with respect to fund raising. The Greenleigh Study (1975) reported that three-fourths of all facilities had boards dominated by business representatives.

In addition to these involvements, industry has contributed or loaned equipment to sheltered workshops, awarded sub-contract work to workshops, provided on-the-job-training (OJT) for rehabilitation clients; and given public relations support for rehabilitation programs.

Industries that participated in contracts with rehabilitation agencies generally are satisfied with the quality of work. (Greenleigh Associates 1975). However, workshops are failing to get a sufficient number of contracts to make ends meet. A bill has just been passed to give tax credits to businesses for contracting with workshops, and perhaps this opportunity may change the situation in a positive direction.

The rehabilitation community has made a major effort in recent years to provide "awareness" training to the employer audience in order to counteract their avoidance of disabled persons. It is probable that many of these barriers are slowly being removed. Since the advent of Title V of the Rehabilitation Act -- particularly Sections 503 and 504 -- larger employers having contracts or grants with the federal government have had to develop Affirmative Action programs for the handicap-

ped. This has led to the proliferation in industry of advocates for the disabled in corporate settings -- the EEO Specialist. Many EEO Specialists have become quite sophisticated about disability and knowledgeable about rehabilitation. Pressure to comply with corporate EEO policy also has created more interest and involvement of personnel staff. Several studies prior to the Rehabilitation Act, already show more positive responses by personnel managers than supervisors in hiring disabled persons (e.g. Nichols, 1970; Schletzer, et. al., 1961; Bolanovich & Rasmussen, 1968). It is probable that this discrepancy has increased because, by and large, first-line supervisors have little contact with rehabilitation or with disabled persons and, therefore, have less opportunity than personnel staff to correct stereotyped ideas. Rehabilitation has tended more to interest large rather than small businesses to expand employment opportunities. These firms tend to have special EEO staff or personnel specialists and are under more legal pressure to hire disabled persons. Rehabilitation also reaches out to these firms because they are more accessible and ostensibly have potentially more jobs. However, current employment trends continue to show more job openings in smaller firms.

Our impression is that employers, and especially large employers, are more involved with rehabilitation than ever and seem to be employing more disabled persons. Rehabilitation is viewed as a potential source of job applicants. However, rehabilitation competes with other employment pools that also merit special consideration -- the poor, youth, veterans, minority groups, females, and now even the elderly. Because most of these other pools are larger than the rehabilitation pool, and because more discrete hiring goals are in force for some of them, these other groups generally are given preference for many entry level positions. Disabled persons are often sought for jobs for which inadequate labor pools exist and for certain specific positions that employers feel, rightly or wrongly, are especially suitable for certain types of disablilities. Exceptions exist for some employers that become involved with rehabilitation organizations, such as through PWI. The kinds of jobs that rehabilitation is asked to fill often do not match the capability or training experience of clients trained in rehabilitation centers. While the state agencies have larger and more diversified pools of clients, (some who are at higher levels of education) private sector employers generally prefer relating to private agencies. Moreover, college level disabled persons with marketable skills, unless their physical disability is very severe (e.g., severe cerebral palsy) do not have difficulty getting jobs without utilizing rehabilitation services.

Agencies specializing in mentally restored and mentally retarded clients have a much more difficult time with employers than those with physically disabled clients. In these cases, discomfort, fear and the perceived unpredictability of their behavior creates greater barriers.

Employers often feel that rehabilitation personnel do not understand employer needs. Accusations are made that rehabilitation personnel do not comprehend the particular job requirements or what working for profit itself is all about. Rehabilitation sometimes is seen as interested only in making the job placement regardless of the problems that such a placement might cause, especially with managers and co-workers. Employees sometimes feel that training programs at rehabilitation agencies do not relate to the particular conditions in the employer's shop.

One other area of employer involvement with rehabilitation needs to be touched upon before leaving this section. A major rehabilitation interest of employers is the care of workers who become disabled. Responsibility either through some "fault" (e.g., workers' compensation, liability) or through benefit programs (e.g., long-term disability) creates significant costs to employers and insurers. Moreover, in many cases, impairment threatens the careers of productive, loyal and popular employees.

The State/Federal Rehabilitation System has not had great success or involvement in these types of cases. The time it takes to process the individual and eligibility requirements often excludes the individual from rehabilitation services until either considerable costs are already expended or until the likelihood of return to work is greatly reduced.

Private insurance rehabilitation companies and specialists have sprung up throughout the nation to meet the needs. Companies such as International Rehabilitation Associates and enterprising rehabilitation specialists seem to be earning impressive profits from servicing the insurance industry by attempting to provide timely rehabilitation intervention in order to return claimants to work or to place them on jobs elsewhere.

In preparing for this year's annual Industry-Labor Council, planning committee members unanimously recommended issues regarding "rehabilitation at the workplace" as the topic that would be of most interest to industry. Employers, seeing the value of early intervention approaches, have begun to develop corporated programs to meet the needs of employees. The success of these rehabilitation programs is due to their responsiveness to these needs.

Disabled Consumers

The major customer of the rehabilitation system is the disabled client. However, the analogy of the consumer of a social service to consumers of other products and services is strained.

While these other products and services are purchased by the consumer, services to the disabled are purchased by the government, insurance companies, sometimes by employers, but rarely by disabled consumers themselves. However, the greatest measure of success has to be the extent to which consumers of the service are satisfied.

It is important for rehabilitation to market their services to the disabled public for a number of reasons:

1. **the goal of rehabilitation is to achieve positive change in the life of the rehabilitant;**
2. **evaluation of services by funding agencies ought to take into account the consumer's viewpoint;**
3. **disabled persons make up a constituency that can advocate changes to better or worsen the future of the existing field.**

There is little hard research data available on the reactions of disabled people to rehabilitation programs. Moreover, the kinds of behavior discussed for the other audiences are not appropriate to disabled persons. Most disabled persons enter the program in a passive manner desperate to salvage something from a life's direction that is either unclear or altered radically by accident or illness. Many disabled people never do enter the system relying either on their own and/or on supportive families and friends. For government agencies in the State/Federal Rehabilitation System this is acceptable because of limited financial resources and the fact more potential clients are being excluded from service. This is harmful to the private, non-profit agencies serving the state agencies because fewer clients mean fewer referrals and, consequently, reduced income.

In the last fifteen years, the role of the client in the rehabilitation system has altered radically and is changing opinions of disabled consumers regarding the system itself. Passive acceptance of the services and programs offered is turning into active participation and monitoring of the system to insure that it is more responsive to the needs of disabled persons. The major concrete changes that have impacted on the role of the consumer are:

- **The requirement of an Invidualized Written Rehabilitation Plan (IWRP)**
- **Title V of the Rehabilitation Act of 1973**
- **The Independent Living Movement**

The IWRPs has mandated the participation of client and family in the development of the treatment plan. This has enabled disabled persons to have more control over their future and has brought the rehabilitation professional to the realization that disabled persons are just as capable in planning realistic career directions as are nondisabled.

Title V of the Rehabilitation Act has created a mandate for rehabilitation to act as advocate for disabled persons in terms of full access to programs and employment opportunities from which they might derive benefit. Rights under Title V also apply to the rehabilitation agency itself. The client is in a position, therefore, to demand more services than those which the counselor is usually prepared to offer. The field of rehabilitation is not an exact science, and counselors have erred in the past in terms of denying opportunities to those whose capacities were greater than expected. The many disabled individuals with successful careers who had been told that competitive employment was not a reasonable expectation are cases in point. While the disabled person may be, at times, unrealistic concerning career choices or service needs, he/she is entitled, within reason, to be proven wrong.

Rehabilitation agencies also are employers. As such, they are obligated in the same way as other employers (and perhaps more so in order to set an example) in assuring equal opportunity for disabled persons. While we do not have any supporting data, it is likely that disabled persons, once consumers, are entering the field in larger numbers than ever. This participation is no guarantee that either disabled persons have more positive attitudes toward the system or that the system is more responsive to the needs of those with disabilities.

The independent living movement is important because it has created a system not only where important needs of the most severely disabled are being met, but where disabled people have been able to play an unprecedented active role in helping other disabled people. The movement marks the transformation of a large number of consumers as service deliverers. The popularity and success of the movement, is in itself, a commentary on the prevailing rehabilitation system. Disabled persons are saying that essential needs are not being served by the current system and that these needs are better served by consumers themselves when given sufficient resources. Professionals in the field also are involved in independent living, but make up a minority of service providers. The major part of funding for such services has come from the State/Federal system and an interesting phenomena to watch is how becoming part of the system changes attitudes, impressions, and behavior toward the system by many of those who have been the most vociferous critics.

The three developments in the field that we have been discussing are outgrowths of a civil rights movement among disabled persons. This movement has followed the direction of the civil rights movement for minority groups and women. The pattern has been a slow developing militancy aris-

ing from first a vociferous minority of the particular population that spreads to increasing numbers of persons in that population. The growth creates divergencies among segments of the population, usually in regard to the extent to which demands are to be made, and the style in which these are expressed. As some demands are met, the success generates new demands and enlists new support until one or more of the following occurs:

1. **A backlash develops because more of the majority population feel that demands of the minority group have become too extreme.**
2. **Economic conditions dissipate the resources necessary to carry out the program being advocated.**

In the case of the disabled rights movement, we are experiencing a little of both. However, the problem is that unlike the preceding civil rights movements, econcomic conditions changed before the movement was able to advance very far. Nevertheless, the movement while losing much momentum, still is a viable force that will continue to affect significantly the way in which services are delivered to disabled persons.

As implied earlier, the movement has generated much criticism of the rehabilitation system and the system has tried to respond with programs to address the needs identified and provision for greater involvement of consumers in the system itself.

The dissatisfaction of consumers with the system, is shown clearly in a research project (Project PREP) conducted by Henry McCarthy of the Human Resources Center research staff. The study sampled 353 disabled persons obtained from current and former clients of rehabilitation agencies, current and former students, special schools, current and former members of disabled college student organizations, patrons of independent living centers and members of self-help groups.

The degree of satisfaction with rehabilitation services in general was found to be quite low. When forced to indicate whether satisfied or dissatisfied with specific rehabilitation services, more individuals were satisfied than dissatisfied with most services. However, a substantial portion of respondents (20% or more) were not satisfied with job search skills training, vocational testing, referrals for job interviews, and vocational counseling. In the case of those services most related to placement, (e.g., referrals for job interviews and job search skills training) the proportion of dissatisfied persons was nearly the same as those who were satisfied (Human Resources Center, 1982).

The Greenleigh Study (1975), in contrast, showed client evaluations of sheltered workshops and virtually the entire range of services offered as quite satisfactory. The PREP sample, however, consisted of a more highly educated group. In addition, the PREP study came at a time when there was greater militancy and greater expectations than was true at the time of the Greenleigh Study.

It would seem that the time when disabled persons are grateful for any attention at all has gone. With awareness of increased rights came the demand for better and more responsive service. Rehabilitation will have to addresss these needs more directly if consumers are to become "satisfied customers."

Conclusions

In an attempt to understand the public's perception toward rehabilitation, we have examined the interactions between rehabilitation and the public and three major sub-groups: national leaders, employers, and disabled consumers. Where possible, we tried to identify information available to estimate the degree of cooperation of these groups with rehabilitation. In some instances, we were able to look at research of attitudes toward either the rehabilitation systems or toward disabled persons.

At the beginning of this paper, we distinguished between perception, attitude and inferences or ideas. These processes operate closely together and are often difficult to distinguish. For most purposes, the fact that we substitute one term for the other seems to make little difference and creates few communication problems. The distinctions do become important, however, if we wish to understand how to change the nature of the interaction between the rehabilitation systems and the many publics involved.

Perception and motivation can stimulate action. Motivation is created by the (1) needs of the individual, (2) the value of the perceived object, and (3) the barriers surrounding the object. The value of that object is mediated by the attitudes toward the object and the objects and ideas associated with or inferred from that object.

1. Needs and Rehabilitation

The need for rehabilitation services is most acute for disabled consumers and least acute for the general public. Employers can reap some benefit from rehabilitation and national leaders benefit somewhat less. Creating need in populations other than disabled individuals depends largely on creating an association between these groups and the beneficiaries of these services. The motivational value of a need depends greatly on the strength of competing needs. For national leaders, can rehablitation of disabled persons compete with the national debt, the nuclear arms race, crime, and the myriad other problems with which they must deal? The attention of national

leaders to a problem depends greatly on the degree to which the general public (their constituents) considers it important. The rehabilitation system does not affect as many lives as other areas of concern. Despite these competing issues, most individuals do have altruistic feelings toward handicapped persons which can motivate supportive behavior.

2. Object Value

Objects have inherent value and also subjective value. As a further complication, these perceived properties change as people focus on different aspects of a complex issue such as rehabilitation.

Of the audiences discussed, disabled consumers probably have the clearest idea of rehabilitation. They have experienced the need for it from more angles than most of the general public. This perception is measured against a standard. From our discussion earlier, it would seem that the experiences that many clients have in rehabilitation do not live up to the idea of what is possible and, in some cases, even the most basic services. This ideal of rehabilitation may or may not be possible, but at any rate, the discrepancy often results in a negative view of what the rehabilitation can actually provide.

The general public, by and large, does not see rehabilitation as a whole, but only specific of aspects of rehabilitation. This perception is often with other general concepts, such as charity or "health services."

If we are to gain support from the general public, we must at least allow them to see what rehabilitation is and then illustrate what and how needs can be satisfied by the system. Whether or not these needs are sufficient to motivate the public is another question.

3. Barriers

By barriers we mean those conditions in the person or environment that create obstacles to behavior. An employer may wish to sub-contract to a sheltered workshop, but certain assumptions about the perceived lack of productivity of disabled workers may impede the employer from entering into contract. A politician may have a strong altruistic motive to provide funds to improve services for retarded citizens, however, the politician may also have altruistic motives toward programs for poor people, Chicanos, and artists. These competing causes interfere with one's acting upon this particular legislation when funds are available for only one of these projects. Barriers removed in these cases are problems in much the same way as architectural barrier removal, but appropriate strategies can and have been developed. We can invite the employer and show him that the productivity of the workshop clientele is sufficient to fulfill the job. We might mount a lobbying effort to the national leader to show strong, overall community support for the project that helps retarded citizens.

People in marketing often speak about projecting a particular image about the product being sold. This image can be achieved by either exposing the audience to a positive view of the product and/or to associate the product with other known positive objects or ideas. Perceptions, as we have seen can be accurate or faulty, and inferences or associations may be correct or erroneous. Truth for any observer is what is believed to be true. We can "sell rehabilitation" by claiming non-existent values, exaggerated results, and implications that are misleading. We can also sell rehabilitation, if we believe in its value, for what it is and what it can be. The advantage of the truth is that it can better survive the closer look that is inevitable once the product is made attractive. We have seen that a closer look has to some segmemnts of the public revealed an unflattering picture and to others a positive view. At this point, we need to show what rehabilitation can become and strive to adapt the services to better meet the needs of its customers.

A few weeks ago, a young man, who had attended our Human Resources School, appeared in the news for an heroic act. Although paralyzed and further hampered by a leg cast from a recent injury, he dove out of his wheelchair and into a pool to save the live of a drowning five-year old girl. While interviewed by a reporter, the young man was asked what he would be if he had not had the experience of being at the Human Resources School. Without hesitation he replied, "I would be a vegetable."

We are fortunate in rehabilitation and special education to experience moments, among the hours of routine, hard work and ample frustration, where it becomes clear that what we have been a part of makes a great difference in the life of one who has had to endure unusual hardship. It is these special moments that need to be captured and communicated. If we can learn to provide more of these moments for our clients and enable employers, the general public and even national leaders to share these joys, "marketing rehabilitation" will be a simple task.

□

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Excerpts of Reviews and Comments

The following are excerpts of reviews, comments and questions raised by the Switzer Seminar participants. These are presented to further stimulate thinking, discussion and action as it relates to the content of the chapter by **Henry Viscadi and Jack Victor.**

The task of marketing is to direct consumer behavior toward the product or services being marketed. The major question raised in this paper is where should marketing in rehabilitation be directed?

In this paper, the authors address the various publics to which the rehabilitation system must address itself -- general public, disabled public, national readers, employers, etc. To my thinking, however, they have left out two major publics that the rehabilitation system must consider in terms of improved marketing, perception, image, of rehabilitation and, therefore, acceptance of disabled people/workers into the mainstream of life. First, the adventitiously disabled. Those who become disabled in adolescence or adult life. Such persons often bring to their disability and themselves, in the rehabilitation process all of the preconceived notions regarding disability held by the general public. Second, the rehabilitationists, who are currently working in the various aspects of this discipline. Little research has been done to determine the effects on the disabled person's functioning and adjustment of those perceptions or attitudes held by the persons regarding disability prior to the disabling condition. The literature mainly speaks of the individual's adjustment or lack of adjustment to a disability as an emotional or personality characteristic. The results of such research could help us not only to better understand the individual, but also enable us to develop more effective public relations and education strategies for the general public.

The second omitted public, the rehabilitationists, are key when considering the publics in marketing of rehabilitation. Staff are people who are affected by their culture and the environment of the society in which they live. If the perceptions of disabled people centers generally on limitations rather than strengths, are not the rehabilitationists affected by this? If so, to what extent? It has been an interesting experience for me to converse with hundreds of helping professionals over the years and to learn and to ask them, "What is Mr. X or Ms. Y like?" Their responses, for the most part, start with Mr. X is a CP, or a MR, or emotionally disturbed, or blind, or deaf, or **something** who has this problem, that problem, and other problems. It has been a rare experience for me to have a response that would be Mr. X is a man with good manual dexterity, a sense of humor, or other positives. It appears to me that most of our training leads us to talking about the strengths, but emphasizing the weaknesses in order to treat them or to repair them. A case can be made for the importance of knowing this information. However, I wonder to what extent perceptions and attitudes toward the disabled person, as held by the general public, are reflected in this position.

The authors of this paper make the statement "We can also sell rehabilitation if we also believe in its values." It would be interesting to study the extent to which rehabilitationists really believe in their value and the value of the people with whom they work. What factors influence this "sense of values?" And what relationship, if any, exists between the degree of this "sense of value" and the productivity of the rehabilitationists?

--EUNICE FIORITO

Much of the information presented in this paper is empirical, although some relies on facts readily available. Nevertheless, the document points up the basic need for confirmed information concerning attitudes of professionals working with the disabled, the disabled themselves, and the public's feelings about them.

It was interesting to note that the authors lamented the failure of **What's My Line** to have on it a rehabilitation professional. But what did anyone do about it?

As a presentation that is really a summary, it is a competent piece of work. Usable definitions are given along with a logical progression of accompanying information. In almost kaleidoscopic fashion, the authors explore every facet of the rehabilitation field as it relates to the general topic. The paper delineates clearly the current situation in the United States regarding people with handicaps. Its message stresses the need for enormous research followed by action.

Recommendations

1. A data base is needed concerning the handicapped, the professionals who work with them, and the employers must be developed.
2. Attitudinal research must be started in order to design programs to bring about change. It is essential for the development of a relevant community program.
3. Once the knowledge and information about attitudes is gathered, it should be made available to all rehabilitation personnel.

4. Develop and identify successful models of marketing communication based on effective research. Establish ways to replicate the models.
5. A national committee of marketing experts should be convened to work with rehabilitation professionals and people with handicaps to develop a master marketing plan.
6. A subcommittee should be charged with developing educational modules in marketing and communication for non-management professionals at work in agencies.
7. The Public Relations Society of America (PRSA) should be invited to establish a similar committee to develop an overall communications program that could be adapted by small agencies.
8. Approach the Advertising Council of America and ask it to develop a national educational campaign as a public service. Both items 6 and 7 would be based on the information gathered in the research.
9. Both television and movies should begin to show people with handicaps in the roles of successful people. This calls for the establishment of a National Rehabilitation Association liaison to the electronic and visual arts.

--SHIRLEY BONNEM

The authors have done a highly creditable and knowledgeable job of pointing out several **recognition** and **perception** dilemmas in rehabilitation. While it may not be validated yet by data, the lack of **utilization** of rehabilitation organizations by truly relevant "publics" may certainly be correlated with structure -- location confusion, by an underlying "segregation" belief, by the "smallness" dilemma, and the "elements of bureaucracy" dilemma. One issue raised may be in a national rehabilitation movement. Competition for scarce resources is mentioned in the article among programs and agencies representing different people groups, such as aging, minorities, females, but is it possible that some of the most fierce competition is intra-organizational? Is it reasonable to think or speak of a national marketing effort that would benefit disabled people **and** all the organizations involved in rehabilitation?

If there truly is a national issue, then it seems there **must be** national leadership to decide in what business all of rehabilitation is in. If it is true, for example, that "the goals of rehabilitation are positive change" in the lives of all rehabilitants, then other dilemmas should disappear, such as who gets in, what services are offered, and how to evaluate program effectiveness. Another business goal, however, might be "productive employment," which has a much different bearing for those same dilemmas. It seems that within the state-federal program, those dual messages have been given -- the stated emphasis on **vocational** rehabilitation, and the allocation of resources for independent living.

The other issue raised by the paper is a real need for research in so many critical areas. There is a need to discover whether, as the authors suggest, the public (or elements of the public) might be more disposed to utilize and support rehabilitation if it were seen as a business rather than an agency of some sort. Much more research is needed in the areas of expectation and attitudes by employers, referral agents, and disabled persons. Cost-benefit research is essential, not only to verify the benefits of rehabilitation, but to better translate and communicate to relevant publics. As with any marketing effort, the area of market research is critical. How do we know what product or service the market wants and expects without good data? I do have some concern about the authors' apparent bias that marketing is merely "projecting a particular image" or "to direct consumer behavior toward" products or services. Marketing, as I have learned it, is much more an exchange process, of learning and understanding values, and of adjusting to value changes. This issue needs clarification.

--PETER C. VAIL

The authors' analysis of industry involvement in vocational rehabilitation is of special value because of the Human Resource Center's long history of successful relationships with industry.

They discuss the significant points that the utilization of rehabilitation depends, in part, on how employers feel and think about disabled persons and that rehabilitation has tended to interest more large corporations than small businesses. Consequently, the rehabilitation community has made a major effort in recent years to provide "awareness" training to large corporations.

Another important point is the growing competition with other employment pools -- the poor, youth, veterans, minority groups, females, and the elderly. These other groups are generally given preference for entry level jobs unless the employers have become involved with rehabilitation organizations, such as through Projects With Industry.

--GINI LAURIE

The initial point in the paper regarding the self-image of the rehabilitation professional is extremely relevant to marketing. We know, from those clients serviced through vocational programs, that self-image and self-concept, can make the difference between achieving or not achieving one's goal.

Even if rehabilitation professionals individually experience themselves as positive, the indication from the authors' experiences would show they do not experience their professional selves as beneficial. In order for rehabilitation professionals to market and sell their products, they will need to improve their self-image. Possible ways of accomplishing this would be acquiring an operational definition, understanding their job responsiblities and establishing a sense of importance and reward for their efforts.

Enlistment of support from the Projects With Industry Labor-Industry Council and employers cannot be overestimated. As already noted, those who are supportive and have had a good working relationship with rehabilitation programs and disabled can assist in marketing as well as be salespersons for our products. Because the Council and employers understand the present labor market and can forecase future trends, it would be beneficial to both rehabilitation and business to become involved in the initial stages of a disabled individual's vocational plan. Efforts should be made to elicit support from this group to:

- Aid the consumer in writing an Individualized Written Rehabilitation Plan (IWRP)
- Obtain training which is appropriate for present and future labor needs. This could be accomplished by establishing in-house training programs or lobbying for low-interest loans or educational monies to receive training/education through already established programs or schools.
- Maintain the strength of Title V of the Rehabilitation Act, e.g., (Sections 503-504).
- Lobbying local, state, and federal legislators to understand that rehabilitation services, not beneficiary user programs, are cost-effective.

Other issues raised within this paper that would benefit from discussion are:

- Further researching the problems and solutions to vocational preparation and marketing the mentally retarded population.
- Preservation and expansion of the independent living movement.
- Customer involvement and/or assistance in rehabilitation once they have become employed (post-employment services).

--NANCY BELOHLAVEK

Summary of Recommendations

The following is a summary of the recommendations and implications for action for Chapters 1 and 2. (The recorder was **FRANK N. SELL***)*

1. **Recommendations for Service Delivery:**
   A. That each rehabilitation agency establish a task force from within that agency to evaluate the impact of marketing on the agency and make specific recommendations for implementing a marketing model in the agency that is operational within the agency's current and/or anticipated organization and resources. This recommendation should specifically address staffing patterns and other pertinent considerations.
   B. That each state and/or private rehabilitation agency and/or facility designate a line position at a level of authority that insures access to all of the agency's resources and program areas for the purpose of planning, directing and evaluating the agency's marketing efforts to all of the rehabilitation publics.
   C. That each rehabilitation agency evaluate the positioning of the various marketing efforts that are currently going on in individual units and incorporate and coordinate those appropriate and effective activities such as: Client Assistance Program, Public Information Officer, Industrial Relations Committees, etc. into the agency's overall marketing program.
2. **Recommendations for Policy or Program Development:**
   A. Recommend to individual rehabilitation agencies that marketing programs and strategies should be included and integrated into the overall planning and management of policy and program development within that agency.
   B. Recommend to rehabilitation agencies that they should work toward developing long-term (3-5 years) strategic marketing plans and annually evaluate their marketing performance and make revisions accordingly.
3. **Recommendations for Training of Staff/the General Public:**
   A. That the curriculum of rehabilitation professional education programs in universities, Regional Rehabilitation Continuing

Education Programs (RRCEP), and others be expanded to include formal coursework in "marketing."

B. That rehabilitation agencies expand their public information/communication efforts via the development, improvement, and expansion of their informational systems.

C. That one of the research and training centers in rehabilitation assume the responsibility for basic research and materials development to support marketing training for rehabilitation professionals.

D. That staff training in the concepts and strategies of marketing **begin** with the management level within agencies, permeate throughout the entire agency staff, and be an ongoing professional development activity.

4. **Recommendations for Needed Research:**
Much research has been done by different organizations in many areas concerning this topic. Often, however, this research is outdated, global in nature, and not useful, since most of it was **not done** with the purpose of reflecting market analysis information. It is recommended that previous research needs to be viewed in terms of usability for the development of effective marketing programs and where found lacking, new research needs to be done specifically directed at obtaining current marketing information in the following areas:

A. Employers motivations for employing or not employing people with disabilities.

B. The degree of employer satisfaction with the previous employment of people with disabilities.

C., The level of knowledge and specific attitudes of opinion leaders and decision-makers about people with disabilities and about rehabilitation.

D. The reactions and attitudes of people with disabilities to rehabilitation and rehabilitation services.

E. The reactions and attitudes of the general public toward people with disabilities and to rehabilitation in general.

F. Techniques for changing possible negative attitudes of the general public toward people who have disabilities.

5. **Recommendations for Legislation - Federal, State, Local:**

A. That federal regulations be modified to permit the development of evaluation and assessment methods for state agency rehabilitation programs (other than the 26 closure)* that will encourage the development of a marketing approach in job placement activities.

B. Recommend modification of state legislation to allow for diversification of funding of rehabilitation programs.

6. **Recommendations for Any Areas not Categorized in Above Listings:**

A. A marketing program can be only as effective as the quality of the product being marketed. With this in mind, it is recommended that a program of continual product appraisal be developed and implemented in each rehabilitation agency for monitoring the quality of the **products** we are supplying to the market place.

*** 26 Closure -- this is the State Rehabilitation Agency code universally used in the U.S. to indicate that a case has been closed as successfully rehabilitated.**

Chapter Three

Strategies of "Marketing" with the Rehabilitation Community

By Frank Bowe, Ph.D.

People in what we call "the rehabilitation community" are the buyers of supplies and materials, the manufactures, the quality-control inspectors, the salesmen, the public relations officials, the administrators, and the service technicians of a billion-dollar industry. In many cases, members of the community are, themselves, the consumers of its products. In fact, some even serve as the raw materials from which these products are assembled.

When we speak of "marketing" to these people, then, we are concerned with a broad range of information and techniques. We are not marketing one idea or product to a single population cluster. Rather, we are disseminating an entire spectrum of concepts, data, and strategies to a highly diversified body of people.

Despite this complexity, we can identify some aspects of the process we call marketing with the rehabilitation community.

An analogy may prove helpful. In business today, the field of marketing is a growth industry. With the nation in the throes of the worst recession since the 1930's, manufacturers of goods and providers of services are encountering a great deal of resistance among consumers of products and services. Overcoming this resistance, making the sale, is the job of the marketing professional.

What is it that a corporation teaches its marketers?

First, knowledge of the product or the service itself. To sell something, you need to know about it. You must understand its purposes, its functioning, its strengths and weaknesses. You need not be able to make the product or provide the service, but you must understand how it is made or delivered.

Second, knowledge of the competition. Who else is trying to market this kind of goods or service? What are the characteristics of the competition's wares? How is "our" product or service different from, and better than, "theirs"?

Third, knowledge of the customer. What are his problems? How would "our" product or service help him solve these problems? What considerations are uppermost in the customer's mind? Price? Performance? Reliability? Service?

Fourth, knowledge of the customer's environment. What are the pressures upon the customer? What is happening in his field? What are the legislative and regulative requirememts with which he has to deal? What are the characteristics of the customers with whom he has to work? How is the nation's and the area's economy affecting his business? What are his competitors doing?

Fifth, knowledge of sales techniques. What strategies are most likely to prove effective with "our" customers? Should the marketer point out the deficiencies of competitors' products or ignore the competition altogether? How can electronic and print media be used to sell products and services?

Sixth, knowledge of their importance. Salesmen need to appreciate their place in the company, their value to the employer, their role in the overall scheme of things. They need to be motivated to sell -- and keep selling.

Seventh, and finally, knowledge of the reporting and reward systems. To whom are sales successes and failures to be reported? When? In what form? How are these results assessed? How do they translate into tangible benefits to the marketer himself -- intrinsic rewards, (inherent in the work itself) extrinsic rewards, (salary, wages, commissions, benefits) and concommitant rewards (socialization and relaxation with others)?

Let's try this framework to see if it helps us understand the process of marketing with the rehabilitation community.

Product or Service

In the case of rehabilitation, we are dealing with both a product and a service.

The product is a trained worker who has surmounted a limitation and is now ready to perform specific tasks.

The service is the rehabilitation process itself.

What we must ask ourselves is how well we are marketing to members of the rehabilitation community information about our products and services.

Do rehabilitation counselors, evaluators, trainers and support staff know the product they are selling? Since there are no "typical" rehabilitation clients, this means that rehabilitation workers must know individual people: their strengths, weaknesses, likes, dislikes, training, background, and personal characteristics. Recall that a counselor often has a caseload numbering in the hundreds. Recall, too, that staff other than the rehabilitation counselor may not have access to the detailed evaluation and training data accumulated in the client's file. Recall, as well, that products often must sell themselves; certainly, this is true of human beings. How well have we prepared our rehabilitation clients to market themselves? Recall, finally, that parents, advocates, and other disabled individuals are also members of what we call "the rehabilitation community." How well have we acquainted these individuals with the characteristics of our product, the individual rehabilitation client?

Products exist not only in isolation but also in the aggregate. Rehabilitation clients, seen as a body of people, partake of certain characteristics. They have physical, emotional, and/or mental disabilities. They have received counseling to assist them in adjusting to these disabilities. They have benefited from training in job categories selected to maximize the effects of their strengths and minimize the impact of their weaknesses. They are motivated to work.

How well have we acquainted rehabilitation counselors, evaluators, trainers, support staff, parents, advocates, and disabled people, themselves, with these facts about rehabilitation clients in general?

The rehabilitation process is a service to the community, the state, and the nation. It is a billion-dollar industry; one of the largest in our country. It expends public and some private resources. It produces a return that exceeds the investment.

How well have we acquainted members of the rehabilitation community with this process? Do advocates really understand what happens in rehabilitation? Do disabled people, themselves? Do parents? Do rehabilitation staff members? Can any of these people explain the distribution of resources and the dissemination of benefits of the rehabilitation process? Can they do so with respect to the community: how the local economy benefits? how the state economy benefits? how the nation benefits?

Let's look at some possible answers to these questions. Of necessity, the answers are personal ones based on observations and experience. Others very well may differ in the ways they answer these questions. This group of Switzer Scholars, undoubtedly, will vary among itself on at least some of these questions.

I take the position that each and every member of the rehabilitation community should be, to some degree, a marketer for our products and services. This belief necessarily colors my views. So, in the interest of communicating clearly where I am coming from, let me explain something about why I take this position.

My experience tells me that rehabilitation needs all the support it can get. All of us in the community need to be informed and enthusiastic boosters of rehabilitation products and services. If some of us are poorly informed, if some of us are vocal in our dissatisfaction with these products and services, it will show -- someone, somewhere will not get a job he or she qualifies for and deserves; public and private monies needed in rehabilitation will be diverted, somewhere, some time, to another cause; and popular support for the program will be diminished, to some extent, at some place, at some time.

My experience tells me, too, that persons outside the rehabilitation community view those of us within the community as members of the rehabilitation community. Whether we are parents, disabled individuals, advocates, or rehabilitation workers, our status as such is seen by persons who know us as associating us with this community. If they hear us make disparaging remarks about rehabilitation products or services, they will take these comments as authentic observations; they will treat our comments, that is, as having come from someone who knows whereof we speak.

I have my doubts how well people in the rehabilitation community know individual rehabilitation clients. The counselor has a great deal of information from the client's file; the counselor also has a very heavy caseload, a set of beliefs and biases, and knowledge that of necessity reflects the training and experience he or she has had in rehabilitation. In particular, I have seen, too often, evidence of "self-fulfilling prophecies" among rehabilitation counselors. They do not expect much of the client. This lowered expectation has its effect both on the client and on the purchaser of rehabilitaion products and services. Others who work in the field of rehabilitation often have less information about individual clients and about rehabilitation clients generally. They do not have access to the full client file. They are not as well trained, in many instances, as are certified rehabilitation counselors. And they have their own biases and beliefs.

I think we have done an inadequate job of communicating with other members of the rehabilita-

tion community about our products and services. In particular, disabled adults, whether or not they have personally benefited from rehabilitation services, tend to be only vaguely familiar with the process. Often, they are actively negative about it. And almost always, they know little if anything about disabilities other than their own. With parents and many advocates, the same shortcomings are, in my view, apparent. Our field just has not communicated clearly and comprehensively with its own members.

About the process itself, particularly its economic characteristics, we have informed members of the rehabilitation community about the general aspects of the cost/benefit ratios inherent in rehabilitation. Few know, however, the specifics of these ratios -- or why they result from the rehabilitation process. Very few seem capable of explaining to an outsider, whether a neighbor or a Member of Congress, why rehabilitation should be supported as a wise investment of scarce resources. In particular, even those community members well versed on the Federal cost/benefit characteristics of rehabilitation stumble badly when it comes to explaining to people in the community how a town or a city benefits from rehabilitation.

Two final comments: one on products, one on services.

The product in this case is a disabled individual who is not working. In the American economy of the 1980's, many of these people are accustomed to receiving governmental assistance in the form of SSI, SSDI, Medicare, Medicaid, and the like. They are not accustomed to work. The old saw "better the devil you know than the one you don't" often holds here. People in the rehabilitation community, even highly skilled rehabilitation counselors, seem to me unable to marshall facts and data for potential clients to explain why they should seek work. Too many counselors give up in the face of a disabled person's resistance. If we cannot motivate people to go through the often ardous process of rehabilitation and the usually difficult process of seeking and acquiring a job, we are going to help far fewer people than we should.

The service in this case is effective only when the process is responsive to the unique characteristics of a particular client and geared to the training of that individual for a job for which a market exists. This boils down to an urgent need for accurate diagnostic and evaluation instruments and processes. Rehabilitation counselors are buyers of the raw materials in our industry. If they buy good materials, the final product is enhanced and the cost-performance ratios soar; if they buy poor materials, we wind up throwing good money after bad. This points to an urgent need for improved assessment processes. I am just not satisfied with the state of the art in client evaluation.

Competition

Does competition exist in rehabilitation? In my view, it certainly does. People in business tell me, time and time again, that private rehabilitation practitioners deliver a better product faster than do public agencies -- and are much more flexible about the kinds of assignments they will accept and the conditions under which they will work. A growing number of businesses are dissatisfied with private agencies as well; as a result, these companies are establishing their own in-house rehabilitation programs.

We need to explore the competition carefully. There is, in my mind, a lot we can do to improve the public agencies so that they are more responsive to the marketplace.

There is also competition from an unorganized source, disabled people themselves. I find this especially with respect to placement. Study after study tells us that many disabled people get jobs on their own with no help from rehabilitation agencies. Others do about as well talking with family and friends as they do in professional counseling with rehabilitation workers. Why? It seems to me there is a lot we can learn by examining these phenomena with more care than we have shown thus far.

To my way of thinking, we need to improve in two particular areas: placement and follow-up. Too many counselors see themselves as people who coordinate services and offer therapy; to them, job placement is somebody else's job. Some are actually afraid to venture out of an environment they know into one they don't. As for follow-up, we may need some legislative or regulative changes to allow higher priority to be placed on helping people after they have been placed on a job. Too often, people have to be fired or laid off before rehabilitation will extend a helping hand.

Customer

Ask four rehabilitation-community members who the customer for rehabilitation products and services is, and you'll get four different answers. Some will answer that the employer is the customer. Others will say that the state government is the customer. Yet others will name the State/Federal government. And some will even name the agency administrator.

I think it is accurate to think of employers and governments as being customers. Both must buy the products and services we offer; the employer, because without placement on jobs much of our

work is of little value, and government because it foots the bills.

A marketing professional must understand the customer. How well do members of the rehabilitation community understand their customers?

From time to time, the suggestion surfaces that rehabilitation counselor training programs, particularly on the undergraduate levels, include in the curriculum a practicum in the employment office of a local company. I think this idea has a great deal of merit. To place people in business, a counselor needs to understand how business hires employees. How are applicants assessed? Who must approve for a hire to take place? What does a company expect the applicant to bring with him, and what will it offer on its own, in the way of training, equipment, and the like?

Today, the question of how well our community members understand employers takes on a special urgency. With 10.1% of the potential workforce jobless, how many of our people can answer this increasingly common question: "Why should we hire one of your clients when 11.3 million people, almost all of them healthy, are out of work?"

How may of our counselors and others who do job placement work understand why business is cutting back on its hiring? The recession is only one reason; in some industries, it is far from the most powerful. Take Xerox, for example. For nearly two decades, the copier giant grew by leaps and bounds. Then, in the late 1970's, foreign competition, especially from Savin, Sharp, and other firms with Japanese ties, began offering copiers that had more features but cost less. Xerox found that it could not match the price-performance ratios offered by Sharp and the others. It is this, and primarly this, that is causing Xerox to cut back massively, not only in its hiring, but also in its current workforce. The Bell System companies are slashing their hiring because they are required by the federal government to divest. By February, 1984, AT&T and its 22 operating telephone companies must be wholly separate. IBM is cutting back on its hiring because it found that it had created an entire division it didn't need. Many corporations are cutting back because fluctuations in the dollar relative to foreign currencies have depressed annual earnings.

There is little rehabilitation counselors can do about these conditions. But in other industries, employment is more directly tied to domestic, economic conditions. ARA Services, for example, will pick up on its hiring once again when the recession finally ends. Financial service organizations such as Merrill Lynch and Shearson-American Express have been doing very well because the money markets have been so attractive; recent changes in regulatory requirements on banks and savings and loans associations, together with the lowering of inflation and the alterations in the Federal Reserve's fiscal policies, will probably lead to a resurgance by banks and stock markets, as well as bonds.

All of this suggests a simple question with a not so simple answer: "Is anyone in any state rehabilitation agency around the country watching these developments and targeting job placement efforts accordingly?"

The nature of work is changing as well. Over 90• of all jobs created in the economy between 1969 and 1976 were in the service sector, not in the manufacturing sector. Service jobs come in basically two types: professional and managerial, which require a high level of education or technical training; and direct customer service, which require minimum education but also pay minumum wages. All indications are that the trend toward more service jobs will continue. Is anyone in rehabilitation agencies following this trend and helping the agency adjust its training accordingly?

I think we must focus much more than we have to date on efforts to understand the employer's needs and concerns.

Our other major customer is government. Do our people really understand how government works? I am continually amazed how few people know the difference between authorizations and appropriations. And even so basic a concept as "the President proposes and the Congress disposes" is known to very few members of the rehabilitation community. In my travels across the country, I find people responding to stories in the newspapers, on radio, and on television about cutbacks on the federal level and translating that directly into expectations of massive slashes in rehabilitation funding. To date, nothing of the sort has happened. Yet people are acting on that false expectation: I find rehabilitation counselors talking about becoming cab drivers rather than about how to improve the services they offer to rehabilitation clients. A scared counselor is not going to be an effective one. The tragedy is all the greater for being based upon erroneous assumptions.

I know the National Rehabilitation Association, the Council of State Administrators of Vocational Rehabilitation, and other concerned groups are doing a very conscientious job of trying to communicate to people in the rehabilitation community about the actual situation in rehabilitations legislation. I also know that just too few people in our community actually read, understand, and follow up on these communications.

Perhaps it is a question of marketing. Are we using the right tools and techniques? Is the language appropriate? Having been in Washington, I know how easy it is to assume that

information I have is shared by persons in Seattle and Des Moines. -- and I know from my experiences before coming to Washington and since leaving it, how erroneous such assumptions usually are. As excellent as the quality of information in the alerts and newsletters from NRA, CSAVR, and other groups is, we need to look closely at how it is packaged. Are we saying too much of one thing and too little of something else? Are we confusing people? Would more use of graphics help?

And, are we using every technique at our command to communicate directly with our two customer bodies, the employers and the governments? I know from experience how helpful electronic and print media can be -- and I know, too, that too few of us spend enough time thinking about how we can get our story into these media. Congressmen, Senators, Supreme Court justices, corporate officers, and our own people read newsletters, listen to radio, and watch television. We need to make greater use of mass media to get our message across.

In California, the Governor's Committee on Employment of the Handicapped has a Media Office which is targeting most of its energies upon communicating with radio, television, and movie writers, directors, and producers about such basic concepts as use of inoffensive langauge, accurate portrayal of disability, use of disabled actors for dramatic roles and the like. How many of us are doing the same with our local print and electronic media? A successful placement of a severly handicapped individual is a "story." How many of our rehabilitation agencies look at it that way --and get the media to focus upon it? Such a story would be read, heard, or seen not only by potential employers, but also by potential clients. It keeps the rehabilitation "cause" before the public. It keeps letters coming to Congress. And it keeps pressure upon local companies to hire disabled people.

Customer's Environment

Because we have two major types of customers, we must look at two groups of environments.

Business is under great pressure today. The recession is eroding profit margins -- and forcing hundreds of thousands of corporations into receivership. The Administration in Washington is telling the public to expect private business to pick up on the kinds of services the federal government no longer will offer. Public confidence in business is at a historic low. At the same time, competition is forcing businesses to move quickly to react to unexpected pressures in each of their markets. And, as we have seen, the nature of work itself is changing.

Probably the largest single aspect that business environment members of the rehabilitation community need to understand is that the environment companies face is in a state of great flux. Corporations can't plan with much more certainty than can individuals. Will interest rates go up or down? Should we borrow to expand? Will the public buy Reagan's argument that business, and not government, should provide human services such as job training and public interest group support? With so much changing from week to week and month to month, it is unrealistic of the rehabilitation community to expect business to act with confidence. By understanding the pressure companies are under and being patient with their search for solutions to the problems they face, we can build support for the time when jobs will once again become available in large numbers.

Another aspect of the environment needs to be understood, because here we have cause for real hope. The physical demands of work today are much lower than they have been in this century. Technology is doing so much of the hard physical labor in today's factories and offices. This means, more and more, that machines will do what it is that disabled people cannot do. Already, small personal computers have speech synthesis capabilities; the machines can read out loud information appearing on their screens. This helps a blind person "keep up with the paperwork." Within a few years, speech recognition will be available as well, helping deaf persons understand conversations in meetings and on the telephone. Remote terminals, as are used in distributed data processing, mean that persons who cannot leave the home still may work productively. We need to talk to local businesses about how fast they are moving into "the office of the future." And we need to explain to them how inexpensive the adaptations to standard computers actually are, and how effectively they help disabled persons be good workers.

And we must play one firm against its competitors in the competition for public support and approval. If one retailer hires disabled persons, and if we help that business benefit in different ways (publicity, patronage, recognition through awards, et cetera), we can use the retailer's success to convince its competitiors to hire disabled persons as well. This involves a whole host of marketing strategies: effective use of local media, telling members of the rehabilitation community about the progressive firm's efforts and encouraging them to patronize the company, attending gatherings of business executives on such occasions as Kiwanis meetings and trade association conventions to place pressure upon other corporations, and the like.

Helping companies cut costs is another aspect of responding to the pressures customers feel.

Every time a corporation has to place an employee on disability leave or retirement, it costs the company much more than would be involved were that person to be rehabilitated so as to return to work. We need to look carefully at how much of this kind of rehabilitation our legislation and regulations allow us to do. Similarly, if the agency can provide aids and devices enabling a client to work, companies are likely to be more responsive than they would be were they required to pick up these costs. Knowing that firms today are seeking ways to trim expenses helps us to identify other ways in which we can help them solve their problems by using our products and services.

Government, our other major customer, is also under considerable pressure today. The most important of these probably is "accountability." Understanding government's need for accurate information about the use of public monies helps us structure our reports so as to help government defend its appropriations for rehabilitation programs and services. We need to show that we are making efficient use of the dollars we receive. As with our business customers, we should make full use of every means of communication at our disposal to get the message across that public assistance to rehabilitation is a wise and humane investment of the public's tax dollars.

The pressure upon government to cut back in social-service spending is enormous. Several hundreds of billions of dollars must be slashed over the next few years in order to comply with the restrictions imposed by the 1981 tax reform bill. The rehabilitation community must, and I need to stress this, do two things: first, reach virtually every Member in the House and Senate with messages these Members will listen to; and second, close ranks around rehabilitation as a whole. The votes will be close ones; we cannot afford to concentrate our energies upon a few friends on Capitol Hill. Rather, we must treat every Member as a potential ally and do all we can to reach that Member. With respect to the second "must," we cannot afford to divide ourselves according to pet issues and concerns. This urgent priority requires some exposition.

Over the years, rehabilitation community members have developed a number of special interests. When the concept of independent living first emerged in pending legislation, many people not previously active on behalf of rehabilitation became vigorously involved in advocating on behalf of independent living. Their advocacy did not always encompass the broader cause of rehabilitation itself; indeed, there were advocates for Part A, advocates for Part B, and advocates for Part C, all of which were parts of the independent-living section of the rehabilitation legislation. Congressmen and Senators received letters, telephone calls, telegrams, and visits about one subsection of one section of the bill. Similarly narrow lobbying has occurred on behalf of rehabilitation training programs and on behalf of the concept of restricting the amount of rehabilitation monies available for administration purposes.

That kind of very-special interest lobbying is self-defeating for us in the community. It divides us and makes it easier for those who want to cut rehabilitation funding to defeat us. It is not something we can continue to do if we are to protect rehabilitation from the very real prospect of major slashes in appropriations.

These two "musts" suggest that we mount a sustained effort to market to every segment of the rehabilitation community -- counselors, facility people, R&T center staff, advocates, disabled persons, parents, and allied professions -- the strategy and tactics of coalition politics. Only by acting together, saying the same things to the same people at the same time, can we preserve the integrity of the rehabilitation program.

Sales Techniques

Companies recognize that it is not sufficient to acquaint their marketing staff members with information about the firm's products and services, about the competition, about the customer, and about the customer's environment. It is necesary, as well, that marketers be trained in sales techniques which have proven effective in selling the firm's offerings.

With respect to the rehabilitation community, have we prepared our people to market rehabilitation processes and products to business? In some cases, the answer is yes. Projects with Industry staffs around the country seem effective in selling their services and products to local firms. In many other cases, however, the answer appears to be, "No."

As I talk with rehabilitation professionals about marketing with private industry, these staff members raise a number of questions to which they do not have answers. Some of these are legitimate policy issues: "How do we price our service for a business client? Isn't the client already paying for these services through taxes?" Other objections are less defensible. I often encounter counselors who are frankly afraid to venture into an area in which they have not been trained. Some even claim that working with business is not part of the counselor's role. Others express willingness to market rehabilitation to business, but confess ignorance about how to do so.

Advocates, parents, and disabled adults themselves have learned over the past fifteen years how to be effective in marketing rehabilitation to

goverenment. The bulk of their efforts have been concentrated upon making a good showing in state capitals and in Washington. Far fewer seem to know how to approach business, what arguments to use, even who to talk to in corporations. As seems the case with many rehabilitation professionals, they have not been prepared by the rehabilitation community to market to business. Nor have they been encouraged by the community to do so. The emphasis from their associations and organizations has been almost exclusively upon governmental marketing.

With respect to marketing to our other major customer, government, these people appear much more comfortable. However, as noted earlier, their narrow focus often proves self-defeating for rehabilitation as a whole.

What techniques might prove more effective? With respect to business, sound selling involves recognition of how companies, work, behave, and think. If the objective is to get a corporation to employ disabled persons, good marketing clearly involves understanding what kinds of people the firm is looking for -- and providing such people. It encompasses offering business the accommodation know-how most companies lack -- to show that disability can, in fact, be accommodated. And it relates to the recognition that business hires individuals, not concepts. We need to sell qualified people, not slogans. Rehabilitation professionals, advocates, and parents especially need to realize that business is impressed when an applicant appears alone for an interview; by contrast, business is disturbed when a parent, a counselor, or an advocate attends the interview with the applicant. Time and time again, I have heard employment counselors express their dismay when such "supporters" not only come, but dominate the meeting.

Often, business willingness to hire disabled persons can be enhanced by exposure to successful disabled employees in related industries. The best argument that someone can do a job is evidence that this person is doing such a job -- or that someone very like this individual is doing a job very like the one the company has available. Then, too, orientation and training sessions for employment personnel can prove very helpful. Inviting businessmen to conferences and seminars slowly but surely acquaints them with rehabilitation and the fact that disabled workers can be good workers. Offering training for employment staff of a given corporation can also be effective as a marketing tool. Provision of sign-language training, for example, may lead to employment, at a later date, of deaf individuals.

Appeals to the "conscience" of business occasionally works. This smacks of charity, however, and generally is not a good technique to adopt. Our emphasis should be upon employment of disabled persons as a sound business practice; it helps the company make a profit.

Beyond the details of "how to make the sale," and other strategies of marketing, we need to teach members of the rehabilitation community how to identify "hot prospects," how to generate profits of different kinds of business (public approval, compliance with federal regulations, good publicity, and the like), and how to follow-up after placement to ensure that the person continues to be effective on the job.

Knowledge of Their Importance

Marketing can be a lonely profession. Salesmen often are on the road for long stretches of time. They encounter frustration after frustration, as one customer and then another refuses to buy for one reason or another. Business recognizes this and tries hard to convince salesmen how vital they are to the business. The major tool companies use is the regularly scheduled "pep talk" conference for marketers. At a balmy resort, salesmen are made to feel important. No expense is spared at these meetings. Top corporate executives come to the conferences knowing that their very presence tells the conferees how important they are to upper management.

Business knows that occasional sales meetings can only do so much; the effect quickly wears off. That's why commissions are so common in industry: the more products a salesman sells, the more money he or she makes. Awards provide peer recognition. Promotions are dangled before good performers to stimulate them to do even better.

In rehabilitation, members of our community enjoy few of these incentives. That is why it is so important for leaders in our field to appear at gatherings of members of the community -- and to tell them how important they are, how much their letters and postcards are helping in Washington, how vital their continued advocacy will be. Our organizations give awards for persons who bring in new members, but how many offer awards for marketing?

Within the profession of rehabilitation, the issue of incentive often has been raised. When counselors tended to expend most of their effort on relatively less-disabled clients, because this way many quick closures could be achieved, there was much talk about a "weighted closure system" that would reward effort spent on the more difficult cases. No satisfactory system was developed to weigh closures, however, and I do not think one is needed now that a strong proportion of all clients rehabilitated are severely disabled. The legislation and accompanying federal regulations appear to have provided the necessary incentive. But we must continue to look for means of assuring good

marketers of their importance. In particular, ways of providing peer recognition need to be pursued. And perhaps most important is feeding back to marketers the results of their efforts. How many of us have written letters, made phone calls, and gone to meetings without ever learning the results of our work?

Knowledge of Reporting and Reward Systems

Business not only requires reporting and provides rewards, but makes very sure that marketers understand how reports are to be made and how they will be assessed for reward purposes.

Have we told members of the rehabilitation community exactly what kinds of information are to be reported, to whom, and when? Do employees of state agencies other than the state directors really know what it is that the state and federal governments want to know? Do parents, advocates, and disabled adults themselves know this?

Members of organized groups which give awards usually are aware of the fact that recognition is granted to certain individuals every year. But do they know how selection of award winners is done? In my experience, criteria for awards too often are vague and ill-defined -- and poorly communicated. Because such rewards as commissions, raises, and trips to exotic locations so often are beyond the capacity of groups and agencies in our field, we must pay all the more attention to the mechanisms of the reward systems we do have.

Concluding Comments

In this paper, I have raised a number of questions about how well we are now doing in marketing with the rehabilitation community. Some answers to these questions have been offered, but many more are needed. The Switzer Scholars undoubtedly will supply most of the remaining answers. Others, we will have to bring to the community itself for answers.

Any examination of ourselves like this one runs the risk of leaving its audience with the impresssion that we are not doing anywhere nearly as much or as well as we should be. While it is always true that progress can be made, I do want to correct any impression that the field, as a whole, is failing to market rehabilitation processes and products to members of the community. I am, in fact, deeply impressed how much is done and how well. The results speak for themselves; continued strong support in Washington and among the American people for our efforts. My intention, rather, is to highlight areas in which we can do still better; for we will have to do better. In Washington, pressure to cut federal funds remains very strong. In the private sector, resistance to hiring disabled people remains prevalent.

Marketing facts and ideas to our own people is a strategy that will help us surmount the many obstacles remaining in our path. By supporting community members, we help them deal with "burn out" feelings of frustration and helplessness. We give them to tools they need to do their jobs. And we ensure that, in addition to the intrinsic satisfaction they receive from helping other people, they receive other rewards which spur them to greater heights. Ours is a mountain that never ceases to rise yet higher. We will always have more to do. And I believe we will do it. □

Excerpts of Reviews and Comments

The following are excerpts of reviews, comments and questions raised by the Switzer Seminar participants. These are presented to further stimulate thinking, discussion and action as it relates to the content of the chapter by **Frank Bowe, Jr.**

Stimulating and right to the heart of the matter. We are doing good; we just need to do more of it, more often, and with more people.

A lot of questions and issues were raised, which was the intent of the author. None of them were really new, but often enough we don't stop to reflect, evaluate, and plot strategy.

Our job is clear; we have got to develop strategy for bringing about first, a change in attitudes among rehab administrators, and particularly old-line rehab workers who have not kept up with the changing times; second, develop proposals for legislation and regulations that will permit ventures into yet undeveloped areas; and third, propose staff development programs that will equip our existing human resources to move comfortably in new directions. But then, can we really build a Lincoln Continental out of Model-A parts?

I am excited about the possibilities marketing strategies can have in rehabilitation. I know they can work. I am also very frustrated over the lack of movement and real commitment of agencies in-manpower, money, and other resources to establish effective marketing programs. Change is slow and maybe I am too impatient, but I feel we are getting further and further behind each day.

I feel the real challenge for this group of Switzer Scholars is to develop strategies for providing agencies with the resources for implementing marketing approaches or develop proposals whereby they can implement programs with the available resources.

--FRANK N. SELL

The author has a periscopic view because of the breadth of his experiences as a person with a disability, as a member of the academia, and as a business consultant. Uncritically, he recognizes the work that has been done by all segments of the rehabilitation community and highlights areas in which all can **do better.**

This very diplomatic presentation underscores the importance of the contributions made by all the components of the rehabilitaiton community. This tactful approach emphasizes the trust and respect that are essential to achieve mutual goals. It should have wider dissemination and more discussion.

The author identifies seven essential aspects of the marketing process and relates them to the billion-dollar rehabilitation industry. Following are the highlights which need emphasis and further examination:

- **Every member of the rehabilitation community should be a marketer, a booster and a communicator.**
- **Counselors should expect a great deal of their clients. Lowered expectations have a deleterious effect.**
- **Public agencies need to be more responsive to the marketplace.**
- **Placement and follow-up are essential.**
- **To place people in business, counselors need to understand how business hires employees and how the nature of work is changing.**
- **Rehabilitation personnel must understand that business is in a state of flux and facing great changes because of technological advances and that government must consider accountability.**
- **Rehabilitation must close ranks, avoid special interest lobbying and practice coalition politics.**
- **Sound selling involves recognition of how companies work: business hires individuals, not concepts.**
- **Incentives, rewards, and peer recognition should be developed.**

GINI LAURIE

It was very refreshing to read this paper. All too often, rehabilitation professionals forget about the **unique services** they provide.

The need for the rehabilitation community to form a combined effort to "network" on behalf of disabled individuals is crucial. The rehabilitation community (network) must market rehabilitation to the U.S. House and Senate in efforts to continue the funding for rehabilitation programs. I agree with the author, that it is key to let the rehabilitation community know the results of its letter-writing or telephoning efforts. Feedback is most important if we are going to continue to call on the rehabilitation community for assistance.

--ETHEL BRIGGS

Marketing professionals know that a good marketing plan doesn't last forever; people change, their needs change and their environment

changes. Long range marketing plans provide for continuous or periodic updating.

A few years ago, I visited a major advertising firm which had a large area of their facility given over to employee re-education or motivation. Slick video tapes were played to employees sitting in modern, space-age type lounges cut off from the world by a soothing environment and large earphones. These tapes were constantly changed to meet the changing needs of the corporation. They marketed the company to the employees.

The "workers" in rehabilitation are the community and we do **little** to maintain their motivation or commitment. Training is provided primarily for the purpose of increasing their skills. For this reason, counselors and others working in rehabilitation freeze when asked probing questions about the value of rehabilitation. While the process should start in the education program, it should also continue in their place of employment.

One reason Projects With Industry (PWI) programs were successful is because they attract, hire, and reward creative workers. Counselors working in Projects With Industry tend to be enthusiastic about their jobs, clients, and the employers who hire their clients. This may be due to the expanded environment in which they work. For the most part, they are encouraged to get out of the office, attend meetings with employers, and employer groups, hear and learn new ideas, and be constantly attuned to change.

Issues such as how and where counselors deliver their services and what is considered to be their job need to be studied. Are counselors required or encouraged to meet employers or do follow-up visits to employment sites?

In taking a market approach to rehabilitation, the organization and the role of workers needs to change or be modified. In marketing to government, we need a strong advocacy effort when we are faced with legislative calendars and dangerous legislation. However, we must continuously educate government officials. They should be invited to meetings, to facility functions, to training and education programs. They should be sent newsletters, journals, and other rehabilitation publications so that they can educate themselves. Frequent and informative interactions on the local level (where their constituency lives) appears to be a major issue. Elected officials respond when their voters or contributors speak out.

--ROBERTA Y. HOUSMAN

It appears inevitable that the present structure of education of the rehabilitation profession and boundaries established by federal and state guidelines to incentives for counselors must be reviewed and updated.

Education: It is no longer enough to train rehabilitation professionals in medical areas, assessment and vocational counseling. Familiarity with the private-for-profit sector, marketing, the legislative process, and managements skills should be included in the curricula. Perhaps a field placement within the personnel office of a local business or working with unions could be a part of practica? Rehabilitation professionals have been acquainted with the medical model since their inception. However, only recently are we beginning to explore the need to understand the business world. The challenge for rehabilitation professionals in years to come is an interesting one because we must balance the needs of our multiple consumers. It is a difficult, but necessary task.

Rules and regulations governing rehabilitation programs need to be evaluated as to their effect on marketing "our products." As these are evaluated, input from consumers and employers could be most useful. Often it has been believed that rehabilitation professionals must elicit changes themselves. Private rehabilitation programs and Project With Industry (PWI) have learned that gaining support from business, the community, and consumer can be a strength when soliciting for change.

Not isolated from rules and regulations is the need to find more flexible ways to evaluate counselor performance. Incentives for rehabilitation professionals to work with the severely disabled is low. Again, the private rehabilitation professionals and PWI staff have learned flexibility, networking support services, and continued follow-up, making the difference in salability of their services.

--NANCY BELOHLAVEK

Bowe makes two excellent points in his paper, both **indirectly,** in a sense. He notes that rehabilitation people have "done a poor job of communicating with other rehabilitation people in the community" and comments further that very few know and "communicate about the cost/benefit ratios inherent in rehabilitation. These remarks go with Kotler's point that marketing **must permeate an entire institution.** The writer points out that marketing begins at "home" and that the rehab folks have not satisfied this need. He is calling for change.

His other point is extremely well taken when he notes that the nature of work is changing, and that manufacturing moved to service oriented jobs in the '70's. He questions the rehabilitation community and its monitoring trends. (Incidently, the '80's mark the change to information-oriented jobs, according to all that I've read. This is known as "the age of information.") This observation is not only an important one, it is essential for survival. By noting that people were getting away

from salt, Beech-Nut changed its baby food formula from one with salt, etc. to a perfectly natural unsalted product. In so doing, they moved from a poor number **three** to a big number **one** in baby food sales.

Mr. Bowe concentrates on **selling** more than **marketing,** although he alludes to it and certainly covers points essential to the marketing process.

Recommendations

1. The National Rehabilitation Association (NRA) should convene a panel of marketing experts to put together a basic marketing guide for rehabilitation agencies, especially for the small "do it yourself" type of organizations.
2. The material should be disseminated among rehabilitation agencies throughout the country.
3. A separate committee should look into establishing marketing courses in schools of social work.
4. National and regional meetings should concentrate on marketing in their presentations so that the entire rehabilitation community understands what it is and how it can be applied to each agency or service.
5. Rehabilitation publications can feature articles of marketing "success stories," which will serve as examples to those agencies just getting started.

--SHIRLEY BONNEM

The author has interpreted the term "rehabilitation community" to encompass not only those who are service providers, but those who consume those services as well. Given the charge of the other papers, I think the focal point of this one ought to be on the service provider.

The paper offers valuable suggestions on how changes might be brought to improve the system. Three important points made are:

a) The need to inform the public, including clients about the nature, aims, and achievements of the rehabilitation system.
b) The need to recognize the importance of the government as a major consumer of rehabilitation service.
c) The need to develop a clearer and more informative system of reporting on the impact of rehabilitation.

I would stress, however, in addition to these insights into the problems of marketing rehabilitation to outside consumers, the fact that rehabilitation agencies must utilize each other. Thus, marketing to other rehabilitation groups is and must be a major concern of rehabilitation service providers. State agencies refer clients to private agencies; insurance rehabilitation agencies purchase services from non-profit agencies; non-profit agencies refer clients for some services to other agencies. The rehabilitation counselor often functions as a broker negotiating services from a variety of providers. In the last few years, we are beginning to see also more and more coalitions of services so that a particular client or community can benefit from a combination of resources. These cooperative ventures entail the marketing of exchanges among service providers so that all benefit from and contribute to the common good.

--JACK VICTOR

Summary of Recommendations

The following is a summary of the recommendations and implications for action for Chapter 3. (The recorder was **ROBERTA Y. HOUSMAN***)*

The common goal of all those in the rehabilitation community is to preserve the fundamental rights of an individual with a disability to achieve a maximum status of wellness and independence as a human being in society.

Historically, members of the rehabilitation community have functioned in a somewhat independent manner, advocating for support of their own objectives or those of the particular organization which meets their needs. Thus, there is little or no evidence of a formal network designed to support rehabilitation in all its aspects. In particular, it is noted that publicly funded agencies have not felt the need for the systematic application of marketing and/or public relations strategies. While, on the other hand, private sector, for-profit and non-profit rehabilitation agencies have realized and applied these strategies to meet their funding needs.

The rehabilitation community has recently joined together in a reactive manner in order to combat external and internal attacks on its environment.

The rehabilitation community is faced with a changing and challenging environment which is generally characterized by:

1. **A loss of leadership from the federal and state system;**
2. **A lack of commitment to a single common or agreed upon principle of rehabilitation within its own community;**

3. **The movement of rehabilitation workers out of the public and not-for-profit sector into private sector employment.**
4. **The call for cooperation between the public and private sectors by government and political leaders;**
5. **The public outcry for cutbacks in human service spending;**
6. **The potential expansion of the service population; and,**
7. **The growth and power of the consumerism movement.**

Despite these changes in the environment, rehabilitation was able, in recent years, to demonstrate its effectiveness and communicate this effectiveness (i.e., dollar return on investment) thus avoiding the cuts suffered by others in human service programs.

This experience has demonstrated the need for members of the rehabilitation community to work towards a formal network in the following manner.

1. **Recommendations for Service Delivery.**
   - A. Increased coordination and cooperation between agencies and organizations will lead to improvement in the quality of services.
   - B Implement programs of feedback to advocate participants.
2. **Recommendations for Policy or Program Development.**
   - A. Rehabilitation leaders should make every effort to resolve internal deficiences (possibly through a series of dialogues) between participating organizations in the rehabilitation community in order to: 1) avoid public confusion; 2) avoid abrogration of policy making to outside groups such as legislators; and, 3) participate in joint programming and development which will enhance rehabilitation.
   - B. Programs of education in the political process should be available to all members of the rehabilitation community.
3. **Recommendations for Training Needs.**
   - A. Administrators should define philosophy and goals of the agency and communicate these through training and orientation for the staff.
   - B. Training for staff should reflect the totality of the rehabilitation community (responsibilities and interdependencies of the community as a whole).
   - C. Rehabilitation counselor training curriculum should prepare counselors for their role in development and implementation of marketing strategies.
   - D. Each agency or organization has a responsibility for public education.
   - E. Each agency staff member should be prepared to function as a public relations representative of the agency reflecting the basic goals of the organization and fundamental philosophy of rehabilitation.
   - F. National organizations (such as the National Rehabilitation Association [NRA] and its local chapters) have a responsibility to engage in extensive public education programs which define how these groups may support the goals and objectives of rehabilitation programs and activities.
   - G. It is management's function to assure that the leadership within an agency is trained in the goals and philosophy of rehabilitation.
4. **Recommendations for Research.**
   - A. A research effort to determine the commonalities between the diverse segments of the rehabilitation community relating to methods of service delivery and inter-organizational cooperation.
   - B. Identify varying models for the effective utilization of informal networks within rehabilitation community.
   - C. Identify methods and techniques for communicating results and outcomes to all participants in advocacy efforts.
5. **Other Recommendations.**
   - A. We recommend the development of a mechanism (such as the business round table) to assist in the coordination between agencies and organizations representing the total rehabilitation community. The role of this group would be to assist in establishing direction for the field mechanisms for cooperation and coordination.

     This mechanism would give the continuity to the movement and would be able to focus public education and information programs and legislation activities in support of the local movement. A united front is essential to the movement if we are able to make any significant impact on the lives of the beneficiaries of rehabilitation services.

Chapter Four

Rehabilitation in the Public Mind

Strategies of Marketing Rehabilitation With the Employment Community

By Craig R. Colvin

Overview

Marketing -- its philosophy, concept, and practice -- as exhibited in the business sector, makes sense for vocational rehabilitation as well. Some might say that we in rehabilitation have been marketing our organization since the program's inception; "We are just using 'new' works for what we have been doing all along." This writer agrees that a number of us have been unconsciously using some of the basic principles found in marketing. As far as an all out conscious, concerted marketing effort is concerned, we in rehabilitation have **not yet** gotten on board.

Much attention during the last several years has been directed toward entertaining the notion that marketing concepts might be feasible and applicable for vocational rehabilitation. Based on this writer's continual exposure to the business/industry world, as well as lengthy discussions with leaders who teach marketing principles, he is confident rehabilitation is ripe for the adoption of specific marketing strategies unique to this profession.

Rationale for Organizational Existence

All organizations, no matter what their philosophy, product, purpose or size, exist because it is more efficient for a group of people to perform varied tasks within a unit rather than one person attempting to do it all. Organizations may have started by just having one person perform the required activities; but for that company to grow and serve its customers, it was necessary to hire additional people.

A large organization such as Delta Airlines began as a couple of crop dusters working with farmers in Monroe, La. Smith Brothers Cough Drops was begun by a pharmacist in a rural drug store in North Carolina. Texas Instruments was the idea of one man when he became disenchanted with a large company for whom he worked.

Vocational Rehabilitation had a similar beginning back in 1918 as an outgrowth of a need to serve disabled war veterans. A few responsible people from across the country decided to initiate a program whereby veterans could get assistance with counseling, prosthetic fittings, and eventual job placement.

There are three processes **all** organizations must address -- whether for-profit or not-for-profit (Evans, 1980). They are as follows:

1. **Assemble raw resources.** An example: General Motors purchases a multitude of parts which are delivered to a manufacturing facility. Vocational Rehabiltation staffs have referrals sent to them by other resource groups, physicians, employers, and others.
2. **Transform these raw resources.** General Motors has skilled workers who take the raw resources (nuts and bolts, electrical wires, etc.) and assemble them into a vehicle. Vocational Rehabilitation works with a client via counseling, the provision of medical treatment, and appropriate vocational training. We are transforming this person from a totally, or at best a marginally, dependent existence, to that of someone who has marketable skills required by the employment community (i.e., providing services allowing that person to reach ultimate independency).
3. **Distribute the finished product.** General Motors, after they have built the vehicle, must get it to the consumer via the local dealership. Similarly, vocational rehabilitation staffs must distribute the job-ready person to the appropriate job that exists in the community labor market. If this last factor is not achieved, we will have an ever increasing inventory which soon "deteriorates on the shelf" (i.e., the client loses incentive to look for work, his skills gained through training become obsolete, etc.).

These three processes must be understood before the marketing component can be installed within the organization. It is crucial that rehabilitation management grasp the similarity among the for-profit business and our not-for-profit enterprise. Until this understanding is revealed, we cannot hope for a solution to our current dilemma. Idealistic concepts and pedagogic arguments must withstand the rigors of firing-line practice. Unless marketing principles can be defined to be compatible with rehabilitation terminology and practice and, in turn, the professional is comfortable with this new information and process exchange, successful outcomes can only be minimally achieved.

As Others See Us

Current perceptions by the employment community as to what vocational rehabilitation is all about vary from total lack of understanding to comprehension of the basic philosophy of this human resource organization. Unfortunately, the preponderance of evidence supports the fact that rehabilitation has not done its job in regard to the establishment and maintenance of a viable public relations program. Of course, there are pockets or isolated examples found throughout the country where the rehabilitation-industry partnership is flourishing. This is, however, the exception rather than the rule.

Recently on a national tour, this writer had the opportunity of interacting with dozens of both large and small company representatives. One of the questions posed to these people was, "What image does vocational rehabilitation conjure up in your mind?" Almost without exception, these people said they had really **no** image or perception as to the agency's philosophy, purpose, or goals. One employer, representing a major corporation said that with the recent Tylenol scare (the tampering of aspirin capsules) in Chicago, he had negative thoughts about the Johnson & Johnson Company, while he had very positive vibrations when he thought about Delta Airlines. The latter company has been able to successfully **sell** itself to the consuming public (i.e., those people who need, want, or can afford to travel by air). He went on to say that he does not think of vocational rehabilitation unless the organization is discussed at "Hiring the Handicapped Conferences." He added that he perceived rehabilitation as a state or federal program that was content to remain behind the scenes, or even the employment community. He felt rehabilitation was comfortable "just doing its thing."

Over the years, rehabilitation has had a meteoric rise in both funding, program growth, and status within the human resource field. Unfortunately, with a miriad of other organizations vying for the same dollars, we have had to hastily put together an "ad campaign" exhorting our merit for continuance. This is something we should have been doing all along (is hindsight better?).

Most employer groups this writer contacts **routinely** now understand the purpose of vocational rehabilitation and are more than willing to support our cause via legislative contacts, hiring qualified workers from the agency's roster, inviting rehabilitation people to come into their plants to do surveys, make recommendations for job site modifications, and the possible removal of architectural barriers. They also appreciate our willingness to assist them with "their own" troubled employees.

In summary, if we promote effectively and can deliver what we promote, we **can** reverse negative images and strengthen weak positive images within the minds of the targeted employment community.

Problems and Issues

The thought of adopting marketing practices within rehabilitation has not progressed without certain problems and issues being posed. Several years ago, Bloom & Novelli (1979) described at length concerns people might experience in applying conventional business marketing wisdom to human resource programs. A synopsis of the research follows:

I. Market Analysis Problems

A. Not-for-profit marketers typically find that:
   1. They have less good-quality primary as well as secondary data available about their customers.
   2. They have more difficulty obtaining valid, reliable measures of salient variables.
   3. They have more difficulty sorting out the relative influence of identified determinants of consumer behavior.
   4. They have more difficulty getting customer research studies funded, approved, and completed in a timely fashion.

II. Market Segmentation Problems

A. Although market segmentation is utilized and accepted by most profit-making and many non-profit (e.g., universities, hospitals) marketers, social marketers find that:
   1. They face pressure against segmentation, in general, and especially against segmentation which leads to the ignoring of certain segments.

2. They frequently do not have accurate behavioral data to use in identifying segments.
3. Their target segments most often consist of those consumers who are the most negatively predisposed to their offerings.

III. Product Strategy Problems

A. Conventional marketers will typically adjust project characteristics, packaging, the product name, and the product concept to increase the likelihood of a "sale" to the target segments. However, not-for-profit marketers find:
   1. They tend to have less flexibility in shaping their products or offerings (Kotler, 1975; Lovelock & Weinberg, 1975).
   2. They have more difficulty formulating product concepts.

IV. Pricing Strategy Problems

A. Marketers of products and services find that the development of a pricing strategy involves primarily the determination of an appropriate (i.e., goal-satisfying) monetary price to charge for an offering. On the other hand:
   1. Social marketers find that the development of a pricing strategy primarily involves trying to reduce the monetary, psychic, energy, and time costs incurred by consumers when engaging in the desired social behavior.
   2. Social marketers tend to have less control over consumer costs.

V. Channels (Distribution) Strategy Problems

A. Social marketers typically must distribute the *idea* **of engaging in a social behavior and/or a place to engage in the social behavior (rather than a tangible product). However, they find that, relative to more conventional marketers:**
   1. **They have more difficulty utilizing and controlling desired intermediates.**

VI. Communications Strategy Problems

A. There are several approaches that marketers use to communicate with their target markets.
B. These include advertising, public relations, sales promotions, personal contact, and atmospherics.
C. Social marketers, however, often find that their communications options are somewhat limited.
   1. They usually find paid advertising impossible to use.
   2. They often face pressure not to use certain types of appeals in their messages.
   3. They often have difficulty explaining desired behaviors within the confines of a short message.
   4. They have difficulty conducting meaningful pretests of messages.
   5. Public Service Announcements (PSA's) are basically unsuccessful.

VII. Organizational Design and Planning Problems

A. The well-managed marketing organization has a marketing person in a key position at the top of the organizational chart and numerous well-trained marketing individuals throughout the organization.
B. This organization will have a marketing plan developed annually, with policies set up to make sure the plan is implemented and monitored.
C. However, most not-for-profit organizations will not operate this way. Social marketers typically find that:
   1. They must function in organizations where marketing activities are poorly understood, weakly appreciated, and inappropriately located.
   2. They must function in organizations where plans (if any are developed) are treated as "archival" rather than "action" documents.

These concerns are accurate reflections of rehabilitation management. Yet, without exception, all problem areas can be overcome through the commitment of staff who are willing to change and risk criticism from peers as well as other government bodies.

In other circles, marketing is typified as being unethical, a waste of money, and very manipulative. Yet, if one considers that if we describe marketing as a process of matching the needs of the consumer with the products/services we can offer that this can be a win-win situation for both the consumer (employer) and the organization providing the service (Gardner, 1982).

Marketing Rehabilitation

The remainder of this paper will explore the generic definition of marketing and how it coincides with the rehabilitation philosophy and how marketing principles are congruent with rehabilitation practice. Additionally, particular problems inherent will be examined with feasible alternatives posed for the readers' consideration. Specific strategies will be outlined relevant to the organziation's involvement with the community,

i.e., the rehabilitation -- business/industry partnership.

As Philip Kotler (1975) so aptly stated, organizations do not have the choice of adopting or not adopting marketing principles. We **must** accept these principles. The only liberty we have is to do a poor job or a good job. Therefore, our task in rehabilitation is to **explore** the basic tenets of marketing, **understand** how it relates to the philosophy of our profession and then take **action** toward the implementation of a sound marketing program within our management system. That then is our charge for the immediate future.

As with the preceding papers, the reader can visualize the impact marketing can have on the vocational rehabilitaiton profession. Focusing on the employment community is, indeed, the essence of what vocational rehabilitation is all about! It behooves us to understand who is out there (i.e., businesses and industries); what are their needs and wants; determine whether or not we are in a position to meet these needs through the provision of services and timely supply of products.

Definition of Marketing

The broad definition of marketing states that it is an exchange process -- something of value for something of value. In the content of this paper, as an example, the rehabilitation person offers services to an employer. Services are valued by the employer only if that employer needs/requires what is being offered. Opportunities posed by the employer are only of value to the rehabilitation person if it satisfies his/her professional obligations or that of the organization (the counselor cannot be all things to all people). Specifically, a counselor offers to assist an employer to develop an affirmative action plan; the employer has a plan but it is not working. The employer welcomes the counselor's advice regarding the implementation of a viable AA plan. In this example, both parties are satisfied with the offerings of the other. A positive outcome has been reached by both; the transaction has been successful. Granted, this was a very simplistic example of marketing in action, yet to understand all the ramifications inherent in marketing requires small steps at the outset.

Another primary tenet of marketing which requires discussion is its humanistic qualities. Skeptics voice their opinion that marketing lacks any semblance of a humanistic process and, as a result, they perceive marketing as being highly manipulative, forcing you to"purchase" things you do not want and just a fancy way of packaging shoddy products. If one understands that the fundamental goal of **any** organization is to **satisfy customer needs** via the provision of quality products and/or services, then one can appreciate the empathy marketers enjoy in regard to basic understanding of human behavior. If the public or a consumer does not like what is being offered, they will not consider the initial purchase, let alone "buying" the second time around. It is the objective of management in the for-profit as well as the not-for-profit sector to be thoroughly familiar with the characteristics of the labor market (via a market analysis). Only after one has a grasp of this type of general and specific knowledge regarding various publics, should the organization and its staff decide what they can offer.

The traditional view of marketing is that someone formulates a brilliant idea regarding a product that everyone in the universe will desire. The company then commences product manufacturing it to retailers, and waits for people to purchase it. Unfortunately, the organization will not likely experience success following this strategy.

The Consumer

The fundamental doctrine purported in this paper is: the employer is the primary customer of rehabilitation offerings. One should realize rehabilitation has a multitude of rehabilitation offerings. One should realize rehabilitation has a multitude of secondary consumerism -- disabled citizens, referral groups, physicians, legislators, and a host of others. Yet, if the employer fails to accept our offerings, our entire vocational rehabilitation process, as we know it today, will collapse. We will have no vocational outlet for the clients that have been trained nor will we have justification for continuing legislative funding.

The Product

Following the above line of reasoning, then, the primary product being offered to employers is a qualified worker who might be disabled. Rehabilitation staff should understand that we are working with people; this writer is not dehumanizing people by attempting to compare them to a bar of soap or any other product. We are all products of some person(s), places or things. I am a product by my mother and father; I am a product of the University of Virginia; and I am a product of the rehabilitation professionals with whom I interact.

If one understands the definition of product as a need satisfier, one can surmise how a job-ready client can satisfy the need of an employer; i.e., the need for the employer to interview and eventually hire the client to fill a vacancy. If the employer has no vacancy and he knows his organization will not be expanding, he has no need to consider anyone for a job! Further, discussion of one product will

be addressed within the marketing mix section of this paper.

The Services

Finally, vocational rehabilitation provides the employment community a variety of services which compliment its position within the marketplace. Some services might be: 1) Assisting employers in the development of their affirmative action plan; 2) Counseling and assisting workers currently on the payroll who may be experiencing problems; 3) Advising employers regarding the removal of architectural barriers; 4) And a host of others. Services are described as those activities which support and compliment the business-rehabilitation partnership.

Market Analysis

Contemporary marketing emphasizes the importance of going to the field (i.e., to sample the population) to see what are their needs, wants, beliefs, etc. Only after a careful marketing analysis does the organization decide what to offer to a specific sample or target market. Table 1 summarizes the comparison of industrial/business productions processes with that of vocational rehabilitation. As one can visualize, the similarities of the two are quite remarkable.

Rehabilitation has the capability of generating realistic viable data regarding the employment community. Unfortunately, there is a hiatus in the number of agencies proactively gathering relevant material pertaining to businesses and industries located in their territory.

The basic elements essential to the formulation of an ongoing market via a computer print-out would be:

1. A list of **all** businesses and industries in your respective territory. This can be procured through the local Chamber of Commerce or your state industrial development commission. You need information describing products/services offered by each company, name of contact person(s), address, phone number, approximate number of employees in both white collar and blue collar positions, location of satellite or branch companies within state or the neighboring states.

2. A listing of a) **all** client placements during the last fiscal year by company; b) initial job title upon hiring; c) **current** job title; d) contact person at company; and e) client disability at time of placement. By gathering this type of data, one is in a position to use historical information to assist in the prediction of the future. As an example, in your market analysis you note one particular company has hired seven job-ready clients from the district vocational rehabilitation office in a year. All these people were brought into the organization by the foreman on the small electronic component assembly-line. All but two of the clients had been trained at the local technical school in electronic component assembly operations. Six clients had mobility impairments and the seventh experienced a severe hearing impairment. A thorough objective analysis can assist you in: a) planning with your staff future directions you might consider with this particular company; b) feasibility of initiating contact with other small electronic component assembly plants in the area; c) counseling with clients opportunities existing within the electronics field; and d) working with the technical school in regard to how successful their training programs are and alternative training activities they may wish to explore to further enhance their credibility.

Market Segmentation

For vocational rehabilitation to be successful, careful attention must be given to market segmentation. After all information regarding the labor market has been assembled during the analysis phase, the staff must start grouping businesses and industries based on their similarity with one another. As an example, all fast-food serving establishments could be brought together under one listing; all small component assembly operations under another listing. Obviously, what you are attempting to do is critically analyize certain specific segments of the labor market to see if their needs are compatable with your current (or forseeable) product/service offerings.

The probability of meeting some of the needs of employers associated with fast-food chains would be much greater than the needs of employers of jet pilots or management consultants. That is, vocational rehabilitation is in a much better position, based on past and present indicators, to provide qualified workers who have the worker traits and skills necessary for the fast food industry as opposed to providing pilots for the aviation industry. This is not to say we should limit ourselves solely to one or a few industries; realistic forecasting may indicate additional market segments which could be penetrated in the future.

Market Positioning

As the title implies, market positioning requires the organization to assess who it wants to serve, or stated more accurately, what industries or businesses most likely would benefit through the acquisition of rehabilitation's products/services. The organization locates or positions itself in an area or areas based on high probability payoffs for both the industry it wants to serve and, in turn, the profession itself.

If we are able to meet the specific needs of

similar industries (i.e., fast-food restaurants) such as providing them qualified kitchen workers, the rehabilitation organization's goals will automatically be realized. Too often when we do venture out to industry and ask them to "help" us, we have not taken the time nor given them the liberty of sharing with us their basic problems or concerns. Until we solicit accurate input from employers, we will not achieve success -- we will continue along our mediocre way!

Creating a Market Niche

Assuming all of the previous steps have been conducted successfuly, one is now in a position to own outright (or at least share) a niche of the market. This is defined as a unique or particular product/service you can offer to a specified market. As an example, the Manderfield Industrial Training Laboratory in Daytona, Florida, has positioned themselves within the electronic component assembly industry. They have been able to identify their forte as providing skilled and qualified workers to "high tech" industries. The director of this excellent facility has made a thorough analysis of many industries in Florida; he has segmented these into similar industries; he has been able to assess his potential of positioning his facility into the electronics field; and finally he has carved out a niche, i.e., providing highly trained workers (who have visual impairments) to select electronic assembly industries. The director has made exhaustive on-site visits necessary to analyze jobs and their specific requirements, man-machine interfacing, etc. This needs assessment is done in an effort to meet the exacting requirements imposed by the industry on all of its workers. If the director can guarantee his products (qualified workers) will afford the particular industry success, both parties will prosper. Through the utilization of his services, he has indeed "cornered" the market! If by chance his facility started faltering by not providing qualified people to several industries he would surely lose out to the competition.

The Competition

It is imperative vocational rehabilitation personnel know and understand with whom they are in competition. A good marketing strategist not only knows who is competing against your market share, he knows everything possible about them. For example, one needs at least the following basic information: a) name of the organization; b) contact person; c) products/services they can offer employer; d) assets and liabilities associated with these products offerings; e) previous track record the competition has experienced with various industries. Knowing details about your competition and how to act on them affords you the opportunity of maintaining or increasing your market share. On occasion, with viable input from management, you will be in a position to penetrate markets heretofore that have been untapped.

The Marketing Mix

In order to activate the marketing plan, the following steps need to be examined (this is traditionally referred to as the marketing mix of the 4 P's of marketing):

1. **Place**
2. **Price**
3. **Promotion**
4. **Product**

Place

"Place" can refer to the location of your facility in relation to the location of industries and/or clientele and/or clientele and/or referral sources. It can also refer to distribution factors associated with getting your products/services to the actual marketplace; e.g., once the client has been trained, what type of transpotation arrangement needs to be made to insure the person will show up on schedule at the worksite?

Also related to "place" aspects of the marketing mix is the accessibility of your office or facility as well as those of industry. If one of your qualified workers does not have equal access to a particular business because of architectural barriers, nothing you do will result in competitive employment at that facility.

Price

Many people in human services do not see the relevance of including price since vocational rehabilitation "does not charge" for its services as a hospital or a grocery store might do. Yet futher analysis would indicate vocational rehabiltation invests time and expertise with an intended outcome expected. The return on investment (ROI) can be paralleled to the expectancies offered industry in the manufacture, distribution, and selling of its respective products to customers.

Vocational rehabilitation has both direct as well as indirect costs associated with carrying out its program objectives. Indirect costs could be staff time committed to the formulation of an affirmative action plan for a company or the development of a job fair for industry and clients to get-together. Direct "price" considerations would be the program's budget allocations for the upcoming fiscal year. Rationale for expenditures must be described for the respective budget categories. All internal program components must lend themselves to and support the total organization's

mission statement. Allegations that certain programs within the organization detract from the mission statement need to be scrutinized carefully. Especially today, no organization has the liberty to maintain an internal component which does not contribute to the health and continuance of the business.

Promotion

There are people in some circles who maintain that vocational rehabilitation should not enter the marketing areas based solely on this one component -- promotion. This writer disagrees whole heartedly! In fact, the promotional component of the marketing mix should be our strong point.

Additional terms, often associated with promotion are as follows:

1. **Advertising**
2. **Public relations**
3. **Packaging**
4. **Effective communication**
5. **Sales**

If the goal is to locate ourselves positively in the market place, strategic application of promotional schemes is of vital necessity. Connotations permeating these words, in association with vocational rehabilitation, demands added explanation. As an example, the role of a counselor requires that person to **explore** with a client or employer the specific problems unique to him or that organization. The next step is to **seek understanding** so an effective alternative can be sought. Finally, **action** is taken on the mutual direction both parties have elected to consider. This brief three-step process duplicates the system counselors and sales representative go through with their respective clientele. Each step is necessary in the sequence presented. Leave out a step and the plan or eventual transaction will falter if not fail completely.

A personal friend of the writer is the manager of an automobile dealership (Williamson, 1978). He once said that he visualizes his sales representatives on the floor as counselors; their role is to explore with the potential customer what their "unique" needs might be; reach some sort of understanding as to what they really want (e.g., electric windows vs. hand operated windows or two year financing vs. three year financing); then they finally take action (e.g., complete the transaction through the signing of a contract and the delivery of the car).

These same steps are necessary components a counselor **must** experience when working with a client or with the employment community. No part of the formula can be excluded or left underdeveloped, lest you invite failure.

It is a fact that each rehabilitation person sells himself/herself each time there is an encounter with **anyone** else -- a client, an employer, fellow workers, referral source people, etc. It is imperative our image be reflected in the most positive, supportive light possible.

Focusing on the rehabilitation worker's involvement with employers, one must be consciously aware of one's dress -- it is compatible with the professional image one wants to exhibit! Appropriate dress is critically important especially during those first few moments in the initial contact with an employer. Molloy (1975) states that these first impressions can either permit you to be accepted by the employer or allow him to reject you. You might as well load the deck in your favor -- dress like a professional! Coat and tie for men and a business dress for women is always in vogue. Leisure suits and slacks are inappropriate. It is much more appropriate to enter a plant "dressed-up" and then have to change into coveralls than it would be to wear the coveralls over to the work site. By chance, the employer may want you to meet with the management staff or other administrative people. In summary, Molloy's book emphasizes dressing for success.

Other factors which greatly influence our success rate with employers is our verbal and nonverbal (body) language. What we do not say often can have as much impact as what we actually say. Your handshake, smile, eye contact, and posture all reflect your attitude. Again, make it positive. Some people need to practice these behaviors in order to overcome discrepancies. Practice with a fellow worker and try on some new behaviors conducive to a successful person. Keep practicing positive behavior!

Verbal behaviors significantly influence an employer's decision to accept or reject you. Make sure you rehearse your presentation focusing on items you know will interest him/her and lead them to a logical conclusion of utilizing your services. Conversely, avoid terminology and language obtrusive or irrelevant to the other party.

A positive attitude, self motivation, and enthusiasm are all precursors of success. Without them, a counselor is doomed for failure with a prospective employer. One must truly believe in oneself, the organization you represent, and finally the products/services you offer. An honest concern for the welfare of the employer and his needs further enhances the credibility and eventual acceptance of you into their fold. Ask yourself this constantly in regard to initiating a partnership with industry people, "What may I do to assist you toward meeting your organization's goal?" If you meet that other person's needs, you and your agency's goals will have been met.

The promotional aspects of the marketing mix is quite extensive and it encompasses a wealth of

information. This brief paper cannot do it justice other than the cursory overview presented above.

Other factors to consider in promotion are mechansims for implementing a dynamic public relations program. Again, the employment sector must be consulted since they represent the target market we wish to impact. Rehabilitation should seriously consider seeking input from a public relations firm. Concerns they will have are: "What external image does the agency want to portray?"; "Who will be the primary and secondary 'benefactors' of such a campaign?"; etc. All of these variables must be examined in detail.

Product

The final "P" of the marketing mix is product. What do you have to offer the employment community? This assumes the market analysis has been conducted and synthesized so that you are in a position to state objectively exactly what are their unique needs.

The next step is crucial and much more difficult to inact than it appears initially -- what is the rehabilitation organization in a position to deliver based on the expressed needs of employers?

Clearly the most obvious products we have to offer targeted labor markets are job-ready people. We must convey to employers our clientele have been prescreened for them to insure the potential employee does meet employer requirements (Draft Copy Marketing: An Approach to Placement, June 1981). Additionally, we must convey that support services will be made available to enhance both worker and employer satisfaction.

The underlying key to success of this type of marketing strategy is the rehabilitation staff **must truly know** as much about the industry/business as possible. This would include, but not be limited to:

1. **Size of company (number of blue collar workers and white collar workers).**
2. **Approximate number of people doing specific tasks in company (i.e., specific number of job titles and number of people functioning within these titles).**
3. **Understand how these jobs are performed; i.e., man-machine interface, worker traits required, specific skills required.**
4. **Types of machines utilized in plant.**
5. **Type of supervision offered worker.**
6. **Availability of on-the-job training.**
7. **Other assets as well as liabilities existing in and around the company; e.g., growth curve, architecturall barriers, etc.**

Only when the rehabilitation worker can say with assuredness he/she understands the company is that person in a position to offer the employment community your "product line." Recalling the definition of a product in the introduction to this paper -- a need satisfier -- one can visualize the ramifications of utilizing a variety of strategies to guarantee our success.

If, on the other hand, the rehabilitation person cannot identify an employer need, there will be a low probability of entering that particular business. The employer is in control by merely saying, "We're not hiring; we don't need any of that." In this particular example everyone, loses --the employer (since we have an abundance of other services to offer); the rehabilitation worker (since he/she was unable to gain an appropriate understanding of the employer's needs); a job-ready person (since they will not even get a chance for an interview); the agency (since they will be unable to generate data indicating success via a closure or at least initial contact with a prospective employer); legislators (since they will not be able to expound on the merits of vocational rehabilitation in an effort to secure additional funding); etc.

Other products/services which can be considered to meet employer needs would be:

1. **Rehabilitation staff acting as recruitment specialists and consultants to industry.**
2. **Providing the employment community assistance in conducting job analysis, overcoming architectural barriers, and other types of site modification.**
3. **Assistance in offering them tax incentives via targeted job tax credits (TJTC).**
4. **Helping employers with their own troubled employees.**
5. **Conducting handicapping worker awareness training within companies for their management and supervisory personnel.**
6. **Acting as a liaison with other community human resource agencies.**

One must remember that not all products/services will be offered to all employers at all points in time. Selectively via understanding unique employer concerns is critical if we expect to penetrate new markets.

In summary, the important point to remember is to focus first on the employer's needs; then ascertain whether or not you and your organization can fulfill their requests.

Summary

Implications for action are obvious: either we in rehabilitation accept and plan for proactive marketing strategies within our profession or we continue our rapid downward spiral to extinction. The employment community will continue to experience "ups and downs;" yet they **will** be in a position to utilize the products and services rehabilitation has to offer. It behooves us to capitalize on this -- we have much to gain if we do so. We also have much to lose if we do not! Marketing is an alternative deserving our im-

Production Process in Industry as Compared To the Vocational Rehabilitation Process*

Market Analysis	**Assemble Raw Materials**	**Production Process**	**Finished Product**	**Distribution to Consumer**	**Profit**
VR Labor Survey	**Accepting Referrals**	**Provision of Rehabilitation Services**	**Job Ready Clients**	**Distribution to Employers**	**Successful Closure**

*** Acknowledgement Extended to Frank Sell with the North Carolina Division of Vocational Rehabilitation for his permission in using this material.**

mediate attention to insure a new birth for the dynamic rehabilitation profession.

To enhance this re-birth, management as well as the **entire** organization must commit itself to change. A willingness to invest time, money, and manpower as never before is the avenue to success. Our leadership must understand completely this exchange process: something of value for something of value -- our continued existence and eventual growth depends on it.

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Excerpts of Reviews and Comments

The following are excerpts of reviews, comments and questions raised by the Switzer Seminar participants. These are presented to further stimulate thinking, discussion and action as it relates to the content of the chapter by **Craig Colvin**

Mr. Colvin's paper should be the basis for a course for rehabilitation counselors or at least a required reading.

When discussing rehabilitation with employers, they frequently comment on rehabilitation personnel as follows:

1. **They don't listen;**
2. **Do not dress "appropriately;**
3. **When offered a tour of the plant, they don't have time;**
4. **Can't describe what rehabilitation is and frequently make promises they can't keep; and**
5. **They don't respond in a timely fashion.**

The need for a planning effort prior to action is a critical factor in any organization or person delivering a service.

The ability to collect information and then to analyze it in order to develop and carry out an action can be taught. Haphazard and poorly planned employer contacts are a waste of time and money. Internships should require experiences in these tasks.

--ROBERTA Y. HOUSMAN

Reading this paper was exhilerating, stimulating, and exciting. It gave me hope for the future of people with disabilities who have been articulating their disappointment and dissatisfaction with the vocational rehabilitation system, particularly emphasizing a lack of placement services. Many times disabled people have stated that they have been treated condescendingly and paternalistically by the rehabilitation system or their vocational counselor, and services were provided as a form of charity, hence, the push in the 70's for rights or entitlements. Often, disabled people have remarked that if their counselor(s) would have been in the business or in the "real world," they would have never made it.

In this paper, Dr. Colvin looks at rehabilitation from a totally different perspective -- as a business **not** a charity, with the employer as the "market". He implores the rehabilitation community to use a conscious, concerted effort of the adoption and practice of the principles of marketing, and to develop specific marketing strategies unique to rehabilitation. This new view may be just the "shot in the arm" that rehabilitation needs to survive in the modern world and to again become a viable accepted program by all the publics, therefore, eliciting greater support from them.

The use of marketing terminology and concepts may create some additional problems for rehabilitationists were not addressed in this paper. Rehabilitationists, like many of the helping professionals, have a tendency to bandwagon new concepts, ideas, and terminology that come in vogue without clearly understanding them, analyzing them, and placing them into the frame of reference of their discipline. In the past, we have seen rehabilitation counselors and the entire field of rehabilitation had taken over concepts and many of the practices of psychotherapy or its equivalent disciplines, and, therefore, identifying with a "prestigious" profession. Counseling as such became the main thrust and the major service offered by rehabilitation persons rather than a partnership of development with the "client" toward a mutually established goal. It is suggested that consideration be given to this issue and that, if possible, NRA develop a task force that would think through these concepts in the frame of reference of rehabilitation and develop strategies for the marketing concepts to be implemented or tested in the field.

Training will need to take place in the universities and programs educating persons in rehabilitation as well as in the field with the practitioners. Consideration should be given toward utilizing RSA Short-Term Training funds to bring these new concepts to administrators, supervisors, and counselors. In addition, the task force on rehabilitation training needs, set up by RSA, should consider this matter both as a priority and as experimental training.

I feel that this paper raises an issue that needs to be thought through more thoroughlyand discussed. For example, the effects of market segmentation on the disabled person/worker. To what extent would the career choices of the disabled person be limited by the counselor's knowledge of the segments of the particular market? Is there enough creativity on the part of the counselor to prevent the return of disabled people/workers to being pigeonholed into certain jobs, i.e., deaf should be only printers, blind typists, etc. Return to such restrictions in choice would be intolerable and unacceptable by disabled persons, and all efforts should be made to prevent such regression.

--EUNICE FIORITO

The author has drawn from his background in rehabilitation and his continual exposure to the

business/industry and marketing worlds to create a well balanced paper. He demonstrates that rehabilitation is ripe for the adoption of specific marketing strategies and explains why rehabilitation management must understand and adopt the processes of the business establishment and must maintain a viable public relations program.

Several of the positive, business-related steps which he recommends to rehabilitation management deserve additional attention: formulate an ongoing market analysis, select compatible segments of the labor market, solicit accurate input from employers, delineate a specific niche, know and understand the competition; and promote the rehabilitation market through advertising, public relations, packaging, effective communication, and sales.

He makes a significant recommendation: the entire rehabilitation field must commit itself to understanding the exchange process: **something of value for something of value.**

--GINI LAURIE

This paper defines clearly the problems, the issues, and exactly just what one of the products is. Particularly well-documented is the section on promotion. However, the paper would have been more meaningful had it offered a plan for action. A call for change, clear definitions, lucid writing -- all excellent in terms of understanding the problems. It would have clarified the situation further had there been suggested two or three marketing models, a special project accompanied by a timetable; these would have enhanced an excellent document.

Recommendations

1. Try to place people with handicaps on television soap operas (have them written into the scripts); show them in successful roles with normal lives despite their handicaps. Purpose: to help combat the "no image" picture of rehabilitation mentioned by Colvin.
2. Use this paper as a basic communication to those involved with responsibilities for rehabilitation programs.
3. Convene a comittee of academicians in the marketing field, and establish courses in marketing in universities and schools where aspects of rehabilitation are taught. Even those who do not go into management should know what it is.
4. If business executives cannot contribute money and cannot provide jobs, encourage them to contribute their marketer's services to each agency so that they can be advised on a marketing stance.
5. If dollars are short, turn to the universities for help in setting up basic research.
6. Perhaps the National Rehabilitation Association could apply to one of the larger computer companies for help in setting up a basic information gathering model that could be utilized throughout the country.
7. Try for a grant from a foundation that encourages innovation. Use the money to determine what the public perception is of the disabled. Once that is known and the information is combined with appropriate data, effective marketing and public relations campaigns can be put into place.
8. Approach the national and state Chambers of Commerce to start a dialog about employment of the handicapped. Help Chambers to establish committees to develop awareness and action, particularly among the nation's smaller business firms.

--SHIRLEY BONNEM

This paper is well written and gives a very good overview of how marketing can fit into and complement the existing program of services to clients and employers and dramatically improve services to each.

The difficulty arises when counselors are asked to develop new skills, take on new responsibilities, and develop new approaches to dealing with employers, which are all time-consuming activities, while still maintaining a high and increasing level of productivity with their caseload. And then when performance appraisal time comes around, it is caseload movement and productivity that is evaluated, not their new endeavors in account servicing and employer relations or even job development and job placement activities, which is supposed to be the ultimate goal of our program. Counselors are once again being asked to put on yet another hat while receiving no relief from the ones thay are currently expected to wear.

I have long purported that we probably are hiring the wrong type of people for counselors and emphasizing the wrong courses in our graduate rehabilitation counselor education programs. A good educational background in counseling, psychosocial, and medical aspects of disabilities is not nearly as useful to us in working with employees as a background in business, personnel management, and labor relations.

Before an effective marketing program can ever be implemented, there will have to be a major commitment made by agency administrators to bring into the agencies people who have the expertise, responsibility, and authority to implement marketing strategies into the rehabilitation process.

--FRANK N. SELL

Issue: Organizational positioning, as well as most of the other marketing techniques, requires a basic and ongoing analysis of organizational mission, goals, and business plan. Rehabilitation agencies, pending their own analysis of **their** environment, can choose whatever mission and goals they see fit, and those may not necessarily be as Dr. Colvin prescribes. The agency that chooses to be a client service agency solely does so based on management's perception of what the environment calls for, and vocational placements fall secondary to client satisfaction. The issue is choice.

Issue: Inherent in any marketing effort is a marketing plan. The questions or topics of the plan can be drawn from Colvin's discussion, but need to be assembled and answered by agency management. While agency operating personnel (i.e., counselors) should have involvement, the marketing function is a management issue, since it involves mission and goals, resource allocation, organizational structure, and the system of accountability.

Research Need: Colvin's discussion of problems and issues, as well as several statements throughout the paper, raise the need for some data to be assembled now with regard to the current agency-industry linkages through Projects With Industry (PWI) and other innovative programs. Such programs probably come as close as we in rehabilitation have yet come to combining public and private resources for effective job programs; yet we seem to be building no data base which could be used to further promote the rehabilitation program.

--PETER C. VAIL

The author's viewpoints on marketing rehabilitation within the employment community are excellent. Using the terminology of a "qualified worker" rather than a rehabilitated client shows a change in jargon for the rehabilitation professional. This type of language is consistent with the business or industry jargon, since an employer understands what a "qualified worker" is.

In my opinion, rehabilitation professionals must sell the other services we offer in addition to the "job ready" individual (qualified worker). I heard an employer state recently, "Even though the unemployment rate is high and most companies are not hiring, now is the best time for rehabilitation professionals to make contact with employers." Why? First, because of the other services VR provides, which are outlined by the author of this section; secondly, VR has well-trained, pre-screened applicants; and thirdly, because of the job market, an employer may have fifty vacancies and a thousand individuals may apply. The rehabilitation agency can assist the employer by providing those pre-screened, well-qualified workers, saving the employer time and money."

-- ETHEL BRIGGS

Summary of Recommendations

The following is a summary of the recommendations and implications for action for Chapter 4. (The recorder was PETER VAIL).

1. **Recommendations for Service Delivery:**
   - A. Vocational rehabilitation organizations should work toward better communication with disabled people that rehabilitation is a working partnership in which the disabled person traverses the system as raw material, customer, client, and product -- at different times in the process.
   - B. Vocational rehabilitation organizations should further promote the concept that this partnership is a developmental one, with increasing responsibilities for both parties.
   - C. Recommend recognition of administrators of vocational rehabilitation programs as Chief Executive Officer of major businesses. Such recognition should lead to policy and program implications in the following:
     1. Training.
     2. Professional and membership affiliations.
     3. Executive Development conferences.
   - D. Vocational rehabilitation agencies should consider the advantages of becoming "showrooms" of job and labor market information for disabled persons. The showroom concept also fits independent living organizations in terms of displaying tools, devices, and opportunities for the pool of independent living.
   - E. Recommend that vocational rehabilitation organizations consider the concept of a service or product warranty extended to business-industry-employers as well as to rehabilitated individuals. This could be accomplished through accessibility,and attitude/knowledge seminars related to

disabilities, non-specifically for business-industry-employers.

F. Recommend that vocational rehabilitations agencies be administered more like "businesses," as opposed to public agencies, including consideration of:

1. Location of offices where the real exchange in the rehabilitation effort takes place and not simple co-location with other public agencies.

2. Cultivation of disabled people as potential clients, with specific assessment of their needs.

3. Analysis of the role of the counselor/practitioners as possibly a "broker," with the concepts of "exchange," "value," and "rehabilitation process" defined in that context.

4. Information emanating from rehabilitation to the relevant publics which could enhance the "business" idea and image.

2. Recommendations for Program or Policy Development:

A. That the public pronouncement of purpose and desires of organized groups of disabled citizens be gathered and analyzed by rehabilitation organizations to measure whether stated needs are being (or can be) met.

B. Rehabilitation organizations should investigate the knowledge and promotion of Projects with Industry (PWI) and Independent Living as alternative rehabilitation service delivery systems, which are accesses to the entire rehabilitation system for disabled individuals.

C. Employer evaluations should be investigated as viable services for disabled persons. For example, an employer might refer disabled people to vocational rehabilitation organizations for specific training in specific jobs, with "real" work and worksite evaluation as part of the service.

D. Recommendation of a pilot model with some underlying assumptions.

Assumptions:

1. That independent living will continue for the foreseeable future in some form.

2. That these are some disabled people needing some of each of independent living and vocational rehabilitation services, and perhaps in tandem.

3. That, historically, vocational rehabilitation has operated to a varying extent on a medical decision model.

With these assumptions in mind, it is recommended that a pilot rehabilitation system be implemented which:

1. Allows parallel vocational rehabilitation and independent living tracks so that disabled persons can be served in either program without disruption and can enter/exit either track;

2. Specifically determines the goals and objectives of each track and utilizes monitoring and accountability systems appropriate to those goals and objectives;

3. De-emphasizes the medical model controls in decision making to allow more decision freedom based on vocational and independent living outcomes.

E. Recommend that the national state-federal program leaders look at an inter-agency service "warranty" system, which would reflect and accommodate the increasing mobility of disabled people. For example, minor service assistance needed by a disabled person who moves to a state specifically for a job or job market should be available.

3. Recommendations for Training of Staff:

A. Pre-employment and in-service training for rehabilitation practitioners should include topics and skills normally sought in business programs, such as economics, production management, marketing, sales, management, finance, cost accounting, wage and hour and labor topics, and human resource management.

4. Recommendations for needed research:

A. Research is needed that determines the incentives which foster positive organizational competition, such as:

1. More accurate and appropriate merit and reward matches;

2. Implementation of (and rewards contingent with) weighted caseload systems;

3. Improved acquisition and allocation of human resources, with freedom to operate and manage their activities, and customized training, rewards, and caseloads.

B. Research is recommended which will identify the amount of choice for services available to disabled people and the degree of awareness, recognition, and perception of that choice.

C. Research is currently needed to measure the understanding and utilization of post-employment services in vocational rehabilitation. Further, it might be hypothesized that post-employment services have some economic "pay-off" for rehabilitant, employer, and rehabilitation

agency, and research is recommended which would test this.

D. Specific market research is needed on the needs of disabled people regarding both vocational rehabilitation and independent living, and following this, policy and program analysis of the existing rehabilitation organizations is needed to assess the real capability and capacity to meet these needs. From these two actions, then, practitioners can be better trained to inform disabled persons of services available and the appropriate deliverers and locations.

E. Recommend further research and development of evaluative and feedback information which asks of rehabilitated people:

1. Were the services you received appropriate to your work?
2. Were you provided relevant information about work-employers-etc.?
3. How might vocational rehabilitation have done its job differently?
4. Would you recommend vocational rehabilitation or independent living to others?

5. Other recommendations:

A. That leaders in the rehabilitation field, in concert with relevant consumers, analyze and make modifications to the jargon of rehabilitation used with disabled people and with all relevant publics. The purpose would be to remove or change jargon that leads to unrealistic or unattainable expectations on the part of the consumers. Further, that legislative and regulatory language, including federal and state plans, be written in terminology and format more attuned to rehabilitation's many publics.

Chapter Five

Strategies of Marketing With Persons With Disabilities

By Gini Laurie

Marketing vocational rehabilitation as a counseling and purchasing service subverts the traditional myth of rehabilitation personnel as the professionals who take paternalistic care of their disabled clients and presents these potential users of services as customers to be sought, to be analyzed, and to be satisfied. In the marketplace, the counselor/customer relationship becomes a partnership based on mutual trust and options.

Marketplace strategies involve analysis of needs, delineation of services, utilization of resoures, coordination with similar services, breakdown of sales resistance, and creation and maintenance of goodwill.

Analysis of Needs

Positive Attitudes

Positive attitudes create an aura in which everyone from the janitor to the director says, "WHEN you go back to school or to work," not "IF you go back to school or to work."

Positive attitudes begin with the top administrators. It is they who set the tone for the whole agency.

Positive attitudes affect the agency and its clients as well as the professional staffs and individuals who make referrals. Hospital social workers and others seek out the counselors who reflect informed optimism and success.

In a positive atmosphere, the staff knows the needs of people with disabilities, knows that they have the same problems, the same potential, and the same needs of all other people.

They know that, disabled or not, it is relatively easy for the holders of higher degrees to find a niche; it is the degree, not the degree of disability, that determines vocational outcome.

They know that once an individual is stablilized medically, it is relatively easy for a person with coping skills and a supporting family to cope and to adjust.

The problems of people with disabilities are inextricably intertwined with the problems of all people and can be solved only as the problems of all others are solved, not separately, but within the context of their cultures and the political situation.

Rehabilitation does not start with discharge from the hospital, but at the moment of injury or diagnosis of disability or at birth.

Counselor Education

A positive attitude based on knowledge and understanding of persons with the many types of disabilities -- alcoholism, blindness, deafness, epilepsy, mental illness, mental retardation, spinal cord injuries, arthritis, neurological disorders, etc. -- are beyond the capabilities of one counselor. A more efficient, cost-effective, and fulfilling marketing strategy in large rehabilitation offices is the specialized caseload approach in which one counselor specializes in persons who are mentally ill, another with deafness, another with blindness, another with those who are mildly physically disabled, and another with those who are severely physically disabled.

Since their priority is mandated, this paper will use as examples throughout those who are severely physically disabled.

A positive attitude and knowledge of the needs of people who are disabled are not casually acquired. They are based on experience, sensitivity, and a familiarity with the life stories of many severely disabled individuals who have lived full and productive lives. This familiarity with what severely disabled individuals CAN do may be acquired by personal experience, by reading biographies and autobiographies, and by keeping up with publications by and about disabled individuals.

Consequently, every rehabilitation office should have a basic library of books and periodicals for both the staff and the clients. It is

interesting that the only two states that regularly order copies of the **Rehabilitation Gazette** for every one of the state offices are the two states --California and Massachusetts -- that have directors of rehabilitation who are quadriplegic.

Ed Roberts, Director of the California State Department of Rehabilitation, is quadriplegic because of respiratory polio, and he sleeps in an iron lung. He was once turned down by his counselor because he was considered too disabled for rehabilitation. Nor is he alone. This complaint has been embarrassingly frequent over the years. Fortunately, times are changing, and many more counselors are becoming better informed of the potential of people with severe disabilities.

Though misjudgments were made and too many individuals were turned down, the higher edcuation of the leaders of the disabled movement -- an essential to a minority movement -- is directly attributable to Mary Switzer. Her dedicated efforts resulted in the enactment of the 1965 Amendments to the Vocational Rehabilitation Act that opened the door to higher education for people with severe disabilities.

That Act offered tremendous potential. It stipulated that services could be provided before vocational rehabilitation was determined. It eliminated the federal requirement that an individual's financial need be determined before certain services were provided. It included support for special projects to expand the numbers of the disabled vocationally rehabilitated and to develop innovative efforts to meet the needs of the severely disabled. One of the most vitally important of the "innovative efforts" included paying for attendants for severely disabled college students.

The countless numbers of severely disabled individuals who benefited from Mary Switzer's 1965 Act justify her optimism and her faith in their potential. Many of these individuals are readers of the **Rehabilitation Gazette** who were included in a cross-section of employment experiences published in the 1975 issue. The 101 persons surveyed are quadriplegic because of respiratory polio, high level spinal cord injury, cerebral palsy, muscular dystrophy, etc. By comparison, all others in a typical caseload will seem very mildly disabled:

Following is an abbreviated list of these employment experiences of persons who are quadriplegic:

- **Artists** -- art therapists, free lance photographer, artists.
- **Government** -- civil service mathematician, social security claims representative.
- **Health careers** -- patient service coordinator, director of hospital volunteers, speech pathologist, speech therapist, registered nurse, cytotechnologist, radiologist, dermatologist.
- **Knowledge and information** -- communications specialist, senior computer analyst, computer programmers, systems programmers and analysts, librarian.
- **Law and the Ministry** -- attorneys, probation officer, ministers, priests.
- **Merchants and manufacturers -- film producer, lift manufacturer, gunsmith shop owner, jewelry firm owner, auto and truck salvage owner, president of five corporations.**
- **Office managers** -- personnel manager, insurance underwriter, sales coordinator, accountants.
- **Rehabilitation** -- Director of state vocational rehabilitation agency, rehabilitation counselors, director of DVR evaluation center, program coordinator of adult development center, social workers.
- **Sales, home-based** -- home products, ad specialties, map dealer, greeting cards, general insurance agent, magazine subscriptions.
- **Sales, office-based** -- owner of two travel agencies, account executives, insurance agents.
- **Scientist and engineers -- engineering supervisor of aerospace firm, communications director, meteorological technician, technical writer, associate museum curator, research engineers, liaison engineer, Russian translator.**
- **Services, home-based** -- bookkeepers, accountants, tax practitioner, municipal judge, justice of the peace, nurses registry, consultant, wake-up answering services, police, and fire dispatchers.
- **Services, office-based** -- chauffer service, private employment agency.
- **Teachers** -- college and university professors, hospital tutors, teachers in specialized, grade, junior and senior high schools.
- **Writers** -- freelance, technical writing and research, magazine editors.

There are many lessons to be drawn from these experiences that are applicable to all vocational rehabilitation:

- **Rehabilitation is a good investment.**
- **Motivation is the most important single factor.**
- **Past experiences are the basis of planning.**
- **Peer counselors and models are valuable catalysts.**
- **Equipment and technique are vital.**
- **Transportation is necessary.**
- **If needed, attendant care is essential.**
- **Re-entry into rehabilitation is an important consideration if needed.**

In addition to a feeling for the lives and potential of persons with disabilities, counselors should

be aware of the aids, equipment, and techniques that are an essential part of rehabilitation of persons with severe disabilities.

For many, the problem is having equipment and not knowing how to use it. A study of severely disabled persons in California revealed that many had hydraulic lifts, but had never been taught how to use them because the seller did not wish to assume the liability of a demonstration.

Another problem is prescribing equipment too soon after onset, before an individual is medically stable, before the individual's characteristics and lifestyle are known.

A library of basic books and publications on aids and equipment is essential to both staff and clients of every center.

In addition, counselors should have knowledge of the free sources of information, such as ABLEDATA for commercially available equipment and advertisements and equipment articles in publications by and for those who are disabled.

Follow-up

Change is constant. Changes in environment and abilities or disabilities require re-evaluation, new techniques, different equipment. Many individuals profit from a return to a rehabilitation center to learn new methods and techniques, to try different equipment, to check old techniques with a therapist and to adapt new ones.

Follow-up is vitally important and cost-effective.

A valuable facet of follow-up is marketing vocational rehabilitation among severely disabled persons who are employed. To assist them with equipment that will enable them to maintain employment (hydraulic lift, hand controls, etc.) is a good way to impress employers, open the door to getting other people employed, and earn the goodwill of disabled persons. In some instances, the assistance is very small, to round out what is not covered by insurance. In others, it may be more substantial to meet changing abilities or environments. But it is almost universally a good investment, a good marketing strategy.

Priorities

Related to serving employed, disabled persons, counselors should not use an economic needs test. Two people may have the same income, but if one is severely disabled and the other mildly disabled, a much larger portion of the income will be needed to compensate for severe disability. It is important to remember that vocational rehabilitation is mandated to give priority to servicing severely disabled people, not poor disabled.

Gliedman and Roth emphasize the over representation of the poor and near-poor in vocational rehabilitation caseloads and believe it is "reasonable to assume that perhaps two-thirds of all the mentally ill youths enrolled in VR programs were basically normal youths given a handicap label either to protect the school or to protect the youths from some of the rigors of the juvenile justice system."

According to Gliedman and Roth, this assumption should be given serioius consideration because "given the shift toward mental illness and retardation in the overall statistics, and given the new legislative pressure to serve the severely disabled, it would seem especially important to determine whether VR personnel are reclassifying mildly retarded and mentally ill clients as most severely disabled in order to meet the goals mandated by the new act."

Counselor Incentives

To foster a positive aura, a new look should be taken at the old "numbers game" of rewarding counselors for the number of "26-es." The "game" is too much of a temptation to look for easy closures -- the "limpers and achers" -- and skip the hard ones, the spinal cord injured.

A fairer and more stimulating system would be one based on a point system that took into account the amount of time necessary to work with people who are severely disabled.

Peer Counselors

"Why don't you practice what you preach?"

"Why don't you hire counselors and office personnel who are disabled or black or Spanish-speaking?" These are the obvious reactions of users when confronted with the seeing, hearing, walking, white, English speaking counselors who fill most rehabilitation offices. Users will be attracted to and relate better to counselors who are disabled or who share their cultural backgrounds.

As a marketing strategy, the hiring of qualified counselors who are disabled should be an immediate priority. Ideally, every area should have at least one counselor who is deaf, one who is blind, one with physical disabilities, and one with expertise in mental illness and mental retardation. If the area is predominantly black or Spanish-speaking, there should be qualified black or Spanish-speaking counselors.

Another important way to attract disabled users of services is by having an advisory board and a client assistance project representing all types of disabilities. With involvement in the planning of rehabilitation policies, disabled individuals will be able to assist in attracting other disabled persons.

Delineation of Services

The general public and the disabled community need to know exactly what vocational rehabilitation covers. They need to be told in simple, plain English, not in rehabilitationese. The following

explanation, if it were simplified, is a good example of the type of general information needed: requirements, medical reports and types of services.

It is important that it was printed in a publication for people who are disabled. This is one of the most effective ways of reaching people with disabilities and marketing rehabilitation services. Even more important is the general spirit of welcome, of inviting people to find out about vocational rehabilitation services:

"For a long time, society posed barriers to people with disabilities in the world of employment. The New Jersey Division of Vocational Rehabilitation Services (DVRS) helps disabled persons to overcome these barriers.

"DVRS considers a person eligible for its services when he/she meets certain requirements. First, a person must have a physical or mental disability that can be documented by a physician, and DVRS will pay for the evaluation.

"The second requirement is that a person's disability causes or results in a handicap or barrier to being employed. Sometimes one may have a disability that doesn't seriously interfere with his/her work, but a barrier can exist. For example, a bricklayer who suffers a back injury may have to seek a different type of employment.

"The third consideration is a reasonable expectation that vocational rehabilitation will enable a person to return to or enter employment.

"To determine eligibility, one must fill out an application form. The information is completely confidential. Then, the rehabilitation counselor will interview the applicant about his/her other work history, education, vocational goals, and personal circumstances.

"Next, the counselor refers the individual to a doctor for a medical evaluation and obtains pertinent medical reports. With these reports and personal data, the counselor determines if the individual is eligible for DVRS' services.

"Vocational planning begins as soon as an applicant is accepted. In many cases, there are written tests, a chance to try out job samples, and a formal vocational evaluation. The counselor may just help the individual to have his former job modified so he/she can perform the duties. The plan might be long-term, involving physical restoration, personal counseling, education, skills training, job seeking skills training, and job placement.

"DVRS provides many services, some based upon ability to pay, physical therapy, mobility training, surgery, artificial limbs, vocational training, and hearing aids, etc. We also have on-the-job training and job placement services.

"The variety of jobs disabled individuals have been able to obtain with the help of DVRS is limitless: accountants, motor repair specialists, actors, real estate persons, bus drivers, attorneys, assemblers, farmers, etc. And to help people stay on the job, DVRS provides followup services.

"Call the Division of Vocational Rehabilitation Services' office in Elizabeth, N.J. (201) 648-4800. After all, there's no reason why you can't be one more of the six thousand people we place annually."

Utilization of Community Resources

In addition to submitting such informative material, as that used in the previous example to local and national publications specializing in information for disabled persons, there are many other innovative and effective ways of locating users and encouraging regular referrals.

As a guide to judging the amount of emphasis that should be placed on the different referral sources, Wright's data of referral sources, based on national averages covering 1975 to 1979, may be helpful: "15% educational institutions; 21% hospitals and physicians; 8% health organizations; 9% welfare agencies (public and private); 18% other public agencies; 3% other private agencies; 15% self-referred; and 11% referred by other individuals."

Hospital and Physicians

Counselors who understand marketing strategies develop working and sharing relationships with the medical directors and social workers and therapists of their local hospitals --especially with spinal cord injury centers. At a very early stage during initial hospitalization, counselors start discussing going back to school or to work or to homemaking.

If the hospitalization is long, counselors may arrange for a few courses from the local community college, high school, or college via telephone. The cost is small compared to the fuel given to motivation by keeping in touch with teachers and class members, as well as doing the actual class work.

Throughout hospitalization, counselors work with the families of newly disabled persons, keeping up their morale, keeping them informed, and keeping up their positive expectations for their disabled family member.

State Employment Offices

It is important to develop working and sharing relationships on a partnership basis.

High School Counselors

Well attuned high school counselors can spot a need for specialized vocational counseling or

equipment long before it has developed into a serious problem. The high school counselors' knowledge of students can save the time of rehabilitation counselors, and their sharing can augment the services of both.

Special Schools

Through close cooperation, the counselors will assist the schools to prepare their students for employment, and the schools will be a source of referrals for rehabilitation.

Specialized Schools

Cooperation with schools for people who are visually or hearing impaired will be mutually beneficial in employment and referrals for the counselors and the schools.

Governors' and Mayors' Offices

Since the aims of their committees on employment of the handicapped are the same as those of vocational rehabilitation, a working relationship is of prime importance. The Job Fairs that many of the committees promote are an excellent source of referrals and promotion of rehabilitation counseling, and counselors should welcome the opportunity to become involved.

Fraternal Organizations

Most of the fraternal organizations have altruistic projects which make them especially amenable to appeals for assistance with locating people with disabilities and for cooperation in employing them.

The Shriners' work with children is extraordinary and any counselors living near one of their hospitals should keep in close touch with the social workers and physicians there.

In addition to Shriners, Rotary International has a special 3-H program which is devoted to Health, Hunger and Humanity.

Organizations of Disabled Persons

Local organizations are the quickest way to tune into the "grapevine" of the disabled community. If there are local organizations or chapters of national organizations such as National Spinal Cord Injury Association, National Association of the Physically Handicapped, Congress of Organizations of the Physically Handicapped, National Hookup, etc., counselors should participate, develop a relationship, and give talks to explain vocational rehabilitation and to seek referrals.

But there should be incentives and compensations to encourage counselors to devote their after-hours time to volunteering with local organizations of the disabled. A pat on the back is not enough. If a counselor spends two hours at a meeting, he/she should have two hours off during the work week.

Voluntary Organizations

Sharing relationships should be developed to stretch funds through "creative economy." Counselors should keep in touch with the executive directors of the local chapters of Easter Seal, United Cerebral Palsy, Red Cross, American Heart, National Alliance for the Mentally Ill, National Association for Retarded Citizens, Muscular Dystrophy Association, National Multiple Sclerosis Society, Goodwill, Salvation Army, etc.

Counselors should encourage them to set an example by employing persons with disabilities in their organizations, help locate those persons, and seek referrals.

Health and Welfare Organizations

Organizations which visit people in their homes and in nursing homes are potential sources of referral and employment. These include visiting nurses associations, state crippled children agencies, talking book programs, etc.

Parent Groups

It is never too early to start educating parents and families to the potential of their children. Counselors should give talks and keep in touch with groups of parents, such as the spina bifida and developmentally disabled organizations.

Churches and Church Schools

Parish school teachers and ministers are attuned to their children and their congregations. They can be fruitful sources of referrals.

Coordination of Community Resources

To coordinate the accumulated good will and the knowledge of the myriads of community resources is a vast undertaking. Yet, it was done successfully in an outreach program of the Vermont Center for Independent Living. The center hired 16 street-wise, young urban people to comb the state looking for people with disabilities who needed independent living services. They sleuthed every city, town, and village. They talked with doctors, nurses, druggists, teachers, ministers, rabbis, representatives of fraternal and voluntary organizations, and everyone else they met. They followed every lead, hint, and suggestion. When they located a disabled individual, they spent two to three hours talking and interviewing.

One of the people whom they uncovered was a very intelligent and charming women who had been receiving disability payments for years. She had been quadriplegic and dependent upon a respirator for more than 20 years. She said that it was the only time since she had been disabled by

polio that anyone had asked her what she could do and what she would like to do, the only time that anyone had expected her to be able to do anything.

As a result of the interviews, she was hired by the center as a counselor. With assistance from the vocational rehabilitation agency, she bought her first motorized wheelchair and a van with a lift. Her whole life changed. She stopped receiving public welfare and became a taxpayer, self-supporting and independent. A good example of the cost-effectiveness and people-effectiveness of a working partnership between the state vocational rehabilitation agency and a Rehabilitation Services Administration (RSA) supported center for independent living.

Coordination with Independent Living Centers

Definition

Independent living centers are an evolvement of rehabilitation, a natural progression from Mary Switzer's emphasis on comprehensive assistance to persons with severe disabilities.

They are a system of services, emphasizing individuality and dignity, to enable persons with disabilities to achieve self-determination and self-direction. Most of them were started with RSA funds and most of them are still funded by RSA.

They were created by and are controlled and directed by persons with disabilities. They are uniquely valuable because of the almost "magic" effect on motivation through peer models and peer counseling. They are nonresidential and community-oriented. They serve persons with all types of disabilities and and of all ages.

They augment and supplement vocational rehabilitation administered through state agencies. They are also a means of providing nonvocationally oriented services and a way of coordinating community services to prevent and reduce unnecessary institutionalization.

Concept

The independent living movement is much more than a system of services. It is a social movement, a state of mind, an attitude.

Independent living is freedom of choice to live where and how one chooses and can afford. It is living alone or with a partner of one's choice. It is deciding one's own pattern of life -- employment, entertainment, vices, virtues, leisure, family, and friends. It is freedom to take risks and freedom to make mistakes. It is freedom to learn to live independently by living independently.

The elements of independent living are clearly described in the fall of 1978 in **A Report to the President by the National Care Policies for the Handicapped Working Group:** "The essence of independent living is control over one's life. The concept focuses upon the individual's ability to choose and achieve a desired lifestyle and function freely within society. Physical independence is not an essential part of independent living. Whether or not individuals perform particular activities or daily living themselves or rely on the assistance of others may have little to do with the control they exercise over their own lives. Control can be achieved through a variety of options designed to minimize reliance on others in making decisions and in providing for self-maintenance."

Background

Living independently is not a new concept. Severely disabled individuals have been living independently for years. The first organized programs geared to assist severely disabled persons to live independently were set up in the 1950's by the March of Dimes. The programs were intended to save money by releasing polio survivors dependent on respirators from hospitals and sending them home with a system of home services and equipment maintenance.

Each of the polio survivors and other disabled persons who lived independently set up his/her own individual system of services. Each one created a one-person independent living center. The uniqueness of the independent living center concept was the evolvement of the one-person center to a center with a system of services run by disabled persons for themselves and for other disabled persons.

The first system of independent living was the Center for Independent Living (CIL) in Berkeley, California. This was started in 1970 for disabled students at the university. Two years later, the program had evolved into a program for all disabled persons in the community.

The four essential elements of the original CIL concept -- disabled-directed, nonresidential, community oriented, and serving all disabilities and ages -- have remained constant as the concept spread, first throughout California and then throughout the United States. The concept is attracting attention througout the world, but, to date, no independent living center with these four elements has been created outside the United States, though many projects which encourage people to live independently are mislabeled "independent living."

The first national independent living program law in November, 1978, was part of P.L. 95-602, under Title VII -- Comprehensive Services for Independent Living. Disabled individuals are an important component of the effectiveness of the law, which states that "handicapped individuals ... be sustantially involved in policy direction and management" of independent living centers and "be employed by such centers."

Present/Future

There are now more than 170 programs in all 50 states, labelled or mislabelled independent living centers. Not all of them are true to the original concept of an independent living center.

In some, the concept of control by disabled individuals has been diluted into too much control by voluntary agencies. In some, the concept of peer models and peer counselors has been diluted through too much direction by nondisabled persons. In some, the concept of a nonresidential center has been convoluted into segregated housing.

These are problems that are natural growing pains of a concept and a national project that must be worked out through a strong national organization. Presently, the leaders of the independent living movement are creating an organization, the National Council of Independent Living Programs, to meet this need. NCIL will set standards, share information, and develop national strategies and cooperative activities.

Mislabeled or variations or true to the concept, these 170 programs are now the most fertile sources of referrals for state vocational rehabilitation agencies, and the state agencies are the sources of referrals and RSA funding for the centers. Therefore, a partnership is not only essential, but mutually beneficial.

Both agencies and centers should concentrate on developing a sharing and trusting partnership to benefit themselves and those whom they both serve in the most cost-effective and people-effective way.

As a starting point, they should both have workshops to inform both staffs of the other's functions and methods. They should both designate liaison staff persons to effect and continue a working relationship. They should exchange members on their advisory boards.

It will not be easy to establish a relationship because the conflicts of the past must be smoothed over, and they must learn to understand each other.

Independent living is a reaction to the paternalism of traditional rehabilitation, especially medical rehabilitation, which focused on the "sick" image or physical restoration and learning self-help skills and made little preparation for life after leaving the medical facility.

One of the difficulties between the independent living movement and vocational rehabilitation is that to many counselors, independent living is an alternative to becoming employed. On the other hand, the proponents of the independent living movement feel that disabled individuals have to live on their own and have control of their lifestyles before they can start thinking about employment. They feel that when disabled people are given opportunities and broad range of supportive services, nearly all of them would prefer to work and that they will work more effectively if their lifestyles are fulfilling.

The leaders of the independent living movement must learn to take a less guarded view of the state agencies and the state agencies must learn the value and usefulness of the independent living philosophy to rehabilitation and assist the centers to attain diversified state funding. They must both learn to be less wary of encroachment. They must, instead, be aware of their mutual interdependence on referrals, on funding sources, on public images, on community resources, and services to all types of disabilities.

Persuasion by Example

Example is the clearest proof of the ability and potential of persons who are disabled. For instance, a professor of rehabilitation at Southern Illinois University-Carbondale, who is blind, made biannual trips from Carbondale to St. Louis with a half-dozen of his blind students who were seeking employment. They arranged transportation, stayed at a hotel, and spent several days making the rounds of large corporations. With such proof of their resourcefulness and independence, their employment rate was high.

Utilization of Advertising

In its September, 1978, issue, the **Houston Post** carried a large two-column ad (8" x 10") by the Texas Employment Commission and the Texas Commission for the Blind. The columns were headed, "Hire the Handicapped" and "Hire a Veteran." The headings under the "Hire the Handicapped" column were "Work Qualified for, Handicap Description, and Sex, Age, Ed, Work History."

There were 20 handicapped workers listed under the three headings. Three of the workers listed were:

Chemical Engineer -- Contact counselor for details, good health. Male, single, age 24, BS degree, U. of Texas, 45 hrs chemistry. Salary open.

Rehabilitation Worker, case worker -- Hearing disability. Male, age 25, experienced teaching deaf children language skills, knows sign language, excellent health.

Teacher aid -- Cerebral palsy, gets around well. BA in psychology, 9 hrs special education.

This type of advertising is a possibility as a public service donation of the newspapers. It is worth investigating since it would be a way not only of reaching employers, but of reaching workers in need of vocational rehabilitation and of presenting a positive image to the general public.

Disabled Involvement in Computer Technology

The computer field is replete with computer companies and voluntary organizations becoming involved in training disabled individuals in data processing. The American Association for the Advancement of Science and the Rehabilitation Engineering Society of North America have arranged conferences and promoted employment in the computer field. The Association of Rehabilitation Projects in Data Processing has set up projects around the country to train disabled persons.

Recently, disabled individuals with experience in computers are creating their own organizations to share information with other disabled persons and vocational personnel. The following organizations are excellent sources of information on all phases of computers, including potential employment and referrals:

Computers to Help People, 1221 West Johnson Street, Madison, WI 53715. (608) 257-5917.

COPH-2, 2030 Irving Road, Chicago, IL 60618. (312) 477-1813.

Raised Dot Computing, 310 South 7th Street, Lewisburg, PA 17837.

Breaking Down Sales Resistance

Disincentives

One of the strongest deterrants to being rehabilitated is the risk of losing SSDI, SSI, Medicare, Medicaid or similar benefits.

In California and Massachusetts -- the two states with quadriplegic directors of rehabilitation -- these disincentives have been lessened for severely disabled individuals. In California, legislation allows persons who are dependent upon attendant care to receive some state assistance for attendants and all Medi-Cal benefits after they have become employed. The state pays for the attendant services on a sliding scale based on the recipient's income.

In Massachusetts, a similar sliding scale subsidizing attendant care for disabled individuals is used. The disabled individuals must be current or former recipients of the state's vocational rehabilitation agency, who are currently employed or waiting job placement. The usual range of income covered is from $10,000 to $25,000.

In other states, it is more difficult to overcome the fear of losing benefits by becoming employed. For some individuals, counselors can establish a goal of homemaker, and at least get some services to them.

Hindrances

In the last few years, the President's Committee on Employment of the Handicapped launched a program, "Pathways to Employment -- A Needs Assessment," which is uncovering an unfortunate hindrance to employment in the community.

The programs are being set up as two-day workshops with local governor's and mayor's offices in cities around the country. The purpose of the program is to prepare young, qualified disabled persons for employment. Representatives from community education and training institutions and disabled individuals meet to make a local needs assessment and recommend action.

The PCEH is finding the most serious problem is the lack of understanding, cooperation and coordination between the instititions themselves. In many instances, there was duplication of services and ignorance of each other's services and program.

The two-day workshops are proving to be successful ways of establishing cooperating relationships between the participants -- both the institutions and disabled persons -- and of effecting better employment programs. This is a good marketing strategy.

Creating Meaningful Relationships

The 1977 issue of **Rehabilitation Gazette** published an article by Jack Martin, a quadriplegic law student, in which he explained the services available under the Rehabilitation Act of 1973 as described in the regulations.

In the 1979 issue of the **Gazette,** Ron Vessel, a very respected counselor, who was on the board of the St. Louis Chapter of the National Paraplegic Foundation, published a reaction to Martin's article. Ron Vessel is now State Director of Personnel and Training, Missouri Division of Vocational Rehabilitation, in Jefferson City, Missouri.

"As a rehabilitation counselor, I would like to react to Jack Martin's piece in the 1977 Gazette by discussing how VR clients can better work with their agency counselors....As we all know, the Rehabilitation Act of 1973 and the subsequent regulations and amendments were long overdue...

"Evaluation measures and open discussion will determine a clear, logical and documented vocational objective and the services required to reach that goal....Only by allowing the counselor to understand the client's problems, abilities and desires will the counselor be able to document and justify the provision of services to fit each client's particular needs.

"Open discussion is a two-way street, aimed at establishing and clarifying individual goals and values. A counselor will not dictate a career to a client, nor will a counselor support a client in an obviously unreaslistic endeavor....With cooperation, there should be no need for bureaucratic or manipulative games on either part. With cooperation, the client will be helped as a person and not as a personage...

"Counseling should not stop once the vocational goal has been established, but continue throughout the achievement of the goal.

"It is the counselor's job to develop a sense of trust between himself and his clients."

Recommedations and Conclusions

To effect changes in the strategies of marketing rehabilitation to persons with disabilities, rehabilitationists should start with a revision of their own attitudes to a more positive approach and seek new ways of utilizing existing community resources. Following is a brief summary of the suggested recommendations:

Positive Attitudes

1. Top administrators are responsible for effecting positive attitudes throughout the agency.
2. Specialized caseloads increase marketing potential and augment personal fulfillment.
3. Knowledge of the needs and potential of disabled persons is based on experience and familiarity with lifestyles that can be acquired from books and specialized periodicals which should be a part of every agency.
4. Positive attitudes should be fostered by the realization that rehabilitation is a good investment.
5. Equipment and techniques are necessary adjuncts of rehabilitation that can be acquired from books, catalogs, and periodicals which should be part of every agency.
6. The need for reevaluation and followup should be recognized as significant.
7. Vocational rehabilitation should be marketed among disabled persons who are employed.
8. An economic need test should not be used.
9. The "numbers game" should be replaced by an incentive system based on points that take into consideration variations in the time involved in working with persons with disabilities.
10. The hiring of qualified counselors who are disabled, Spanish-speaking or black is an important marketing strategy.
11. Advisory boards and client assistance projects should be used as good marketing strategies.
12. Rehabilitation services should be plainly defined and informative press releases should be sent to publications for disabled persons.

Community Referral Resources

1. The most effective marketing strategy is developing working and sharing relationships with medical, educational, fraternal, voluntary, health, welfare, and disabled organizations.
2. The "grapevine" of the disabled is the quickest strategy to marketing rehabilitation.
3. Incentives and compensations should be developed to encourage counselors to volunteer after-hours with organizations of disabled persons.
4. Coordination of community resources is an important strategy.
5. Coordination with independent living centers is essential to effectively market rehabilitation.
6. Agencies and independent living centers should develop a sharing and trusting relationships to benefit themselves and those whom they both serve.
7. The leaders of the independent living movement must learn to take a less guarded view of state agencies and state agencies must learn the value of the independent living philosophy to rehabilitation.
8. Examples should be used to prove the ability and potential of people who are disabled.
9. Direct advertising of services should be a part of marketing strategy.
10. The computer field opens employment possibilities which should be explored through the specialized organizations of disabled persons.
11. The risk of losing SSDI, SSI, Medicare and Medicaid, a strong disincentive to rehabilitation, can be overthrown through legislation.
12. Lack of understanding and cooperation between community agencies, a strong deterrent to rehabilitation, can be overcome through coordination.
13. Marketing rehabilitation through counseling should be aimed at clarifying individual goals and developing a mutual sense of trust.

Marketing strategies enhance referral relationships, but the key factor in rehabilitation is a positive attitude.

Marketing strategies enhance outreach possibilities, but the key factor in rehabilitation is the disabled individual's motivation to use remaining capabilities.

Marketing strategies enhance incentives and remove disincentives, but the most important quality for both counselor and disabled individual is their imaginative vision to see things not as they are, but as they could be. □

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Excerpts of Reviews and Comments

The following are excerpts of reviews, comments and questions raised by the Swtizer Seminar participants. These are presented to further stimulate thinking, discussion and action as it relates to the content of the chapter by **Gini Laurie.**

I commend the author of this paper. It is well thought out and definitely conveys the positive attitude that we all agree is necessary when marketing a product or a human service.

A critical issue for discussion is the current and prevailing attitude among rehabilitation professionals that "with so little money available to us we must not seek new clients. In fact, we should cut back on the number we serve." I believe that we have been sold our own propaganda. A marketing strategy should be to do more for more people in a more cost-efficient manner. This would certainly require a look at how we deliver services and how they can be delivered efficiently both in terms of increased quality and at a lowered cost. Ms. Laurie's paper suggests several ways this can be done.

Positive Attitudes. Our clients, who do not hold degrees nor have the ability to obtain a degree, may well be more employable than the Ph.D.'s of this world in today's marketplace. A disabled person with: a good prior work history (and employer references to back this up), job skills that can be utilized in a new occupation or a modification of the same occupation, and such factors as maturity, motivation, and willingness to learn are sought after by employers.

Early case identification is a critical factor to those working in private rehabilitation and, all too frequently, vocational rehabilitation becomes involved when the client has lost all hope. Many people with disabilities believe that the state agency is a "last resort that you go to when you, family, physicians, friends and all other resources don't succeed." This view should be addressed in a marketing strategy.

Information and Referral Services

I believe that each state agency should establish resource offices or centers throughout their states. Centers should be staffed by both professionals and volunteers. Data regarding successful clients, aides, devices, equipment, jobs, and community services should be available to rehabilitation professionals, people with disabilities, employers and

the general public. Books, periodicals, trade journals, and occupational information should be accessible to all who need them. People with disabilties, who have achieved success in either independent living skills or employment, should be encouraged to participate in the delivery of such information and referral service as staff resource people, guest speakers, or volunteers. These resource centers could assist in outreach to new clients, families, employers, educators, etc. A centralized system for information, referral, and advocacy can help people to help themselves and many who use such a service (these centers are available in the field of aging) resolve their needs or problems without going through the bureaucracy of becoming eligible for a service. It is also a way to serve those whose disabilities are not severe or whose problems are limited and do not require a professional counselor's intervention in a less costly manner.

The problem of followup always ends up as a problem of who pays. State agencies and rehabilitation facilities should make professional services available to working people with disabilities on a sliding fee for service basis. Some employers might pay for such a service if an employee, who is disabled, needs assistance.

Outreach

Working in the field of aging I am very aware of the large number of middle-aged and older people who have significant disabilities, but who have never gone through a rehabilitation program or service. They are totally unaware of laws, services, equipment, etc. They do not travel because they don't know of barrier-free hotels, they don't work because they tried to get a job and couldn't. To reach this group, one must use the public media, including articles in local papers, information columns in papers, and well thought out public service announcements on television.

Priorities

Who we serve and who should we be serving and how we spend our resources requires research. For example, the rising cost of supporting long-term sheltered employment and what the disabled individual gets out of it, in terms of self image, growth, and financial assistance, needs to be evaluated. While work and the role work plays in one's life is important, are sheltered work programs truly benefiting the population they serve? If not, how might they be better structured? Approaches such as that of Fountain House and others, where members work, volunteer, and help one another, might be viewed as an alternative to a sheltered employment program.

When **Delineating Services,** a good approach is to include case histories of successful clients.

Independent Living Centers: It appears that a major need of the staff of these centers is a planned program of continuing education. Topics might include: leadership skill development, utilization of community resources, budgeting, etc. It is a good concept, but needs strengthening. Educational services, which are practical and easily applied, could assist in strengthening linkages with rehabilitation agencies and organizations.

Homemaker Closures, while frowned upon, are a viable goal for many older disabled persons who must rely on homemakers or aides in order to live independently. These "one on one" services are costly. Few older people, who become disabled, are taught independent living skills. Physicians do not refer them for rehabilitation services because of their own negative attitudes.

When one speaks of **creating incentives and compensations for counselors to volunteer,** I begin to worry. We should **encourage** volunteerism -- many corporations not only encourage their employees to volunteer, but they look at volunteering as an asset when promoting employees. Other corporations give "sabbaticals" so that high level executives can contribute their expertise to the not-for-profit sector. Counselors who volunteer should certainly be recognized for their efforts.

-- ROBERTA Y. HOUSMAN

In my opinion, marketing rehabilitation to the disabled community is one of the primary goals of rehabilitation. You must have a disabled client (referral) before you can provide services and the closed case, known as Status 26.

This article addresses several means and approaches to reaching the disabled community, all of which were very good. However, what is just as important, or more so, is reaching the inner city non-white disabled individual who never heard of the publications mentioned in this chapter or is unaware of the organizations stated. A key to reaching the inner city non-white is the community church. If we are to reach or market rehabilitation to the inner city non-white, we must utilize some of the non-traditional approaches outlined in the eighth Research Utilization Laboratory (RUL) document, **Delivery of Rehabilitation Services to Inner City Non-Whites.** Advertisements must be in understandable language, placed in the corner store; contact should be made with such organizations as the NAACP, sororities and fraternities, urban leagues and Opportunities Industrialization Centers (OICs). These groups play an important role in the Black community.

In order to reach individuals with disabilities, rehabilitation professionals must stop being desk

professionals and go out into the community. Rehabilitation professionals need to know the community in which they serve, if they are going to effectively market rehabilitation to disabled individuals.
-- ETHEL BRIGGS

One of the major concerns that I often hear counselors express is "we are not getting good referrals." Primarily, they are referring to disabled people who really do not have the incentive and motivation to go to work. More than likely, the reason for this is that Vocational Rehabilitation has not attempted to market its services to the disabled population in positive and innovative methods. The author of this paper certainly has built a good case for doing that and has identified many good strageties for accomplishing this goal.

The need expressed throughout the paper of portraying a positive attitude certainly is a major concern of mine. I feel that if we cannot be positive and enthusiastic about our products and services we certainly cannot expect anyone else to. Many demoralizing developments have occurred in recent years on both the federal and state level that have negatively impacted on the enthusiasm and attitudes of all members of the rehabilitation community. This is indicative of the need for the members of this Switzer Seminar to work even harder at developing processes and programs for getting the word out, building awareness, and readjusting attitudes.

In one section of the paper the author is purporting the specialized caseload approach to be good marketing strategy. The basic theory behind her statement appears sensible, but in North Carolina just the opposite appears to be the case. In several unit offices the move is away from the **specialized caseload approach** and a return to a general counselor specializing in all disabilities except deaf and blind. Mental retardation and mental health caseloads are being combined in many units. School counselor caseloads are being dispersed and unit staff divided by school districts to serve all disabled in that geographic area. Epilepsy and correctional caseloads are being incorporated into general caseloads, etc. We need to look at this concept very carefully.

I certainly agree with her stance on involvement within all areas of the human service fields by all rehabilitation professionals and the compensation measures for professionals involved in it extensively.

It becomes clearer to me every day that we definitely need an organized marketing program within the state rehabilitation agency to carry out all of the functions of development, research, promotion, and evaluation for reaching the general population, disabled people, and employers. Where do we get the financial resources for accomplishing this, and how do we obtain the priority it needs in agencies that are experiencing drastic budget cutbacks and Reductions-in Force (RIFs)?
--FRANK N. SELL

The real issue that emerged for me upon reading Ms. Laurie's article is that there simply aren't enough resources to do the complete job of rehabilitation. From the perspective of marketing, with a focus on the disabled population as consumers, much of what is recommended is essential. From the perspective of operating a vocational rehabilitation organization, with imposed constraints of resources, regulations, cost efficiencies, and effectiveness, such a mission as is suggested requires more than one agency. The issue of whether the state vocational rehabilitation agency can effectively manage the dual missions of Vocational Rehabilitation (VR) and Independent Living is a case in point. This is not to suggest that the two programs aren't linked and related and that they shouldn't have easy cross-over channels for persons so capable; just that there are some basic differences in expected results.

Perhaps the real issue is the old "consumer" questions. Recent conventional wisdom says that it is a disservice to accept disabled people in a VR system with no idea what they might find at the other end of that system. This can be exemplified by the acceptance and eligibility of a severely disabled high school graduate into VR. A total client-centered focus would result in a plan developed and implemented based largely (if not solely) on the client's wishes and capabilities, but with no regard for future job markets. At the end of four years of college, both agency and client discover a total lack of jobs in that area. Such a system as described here prizes **only** the disabled person and the provision of desired services. The other side of the issue is not an exact opposite, but a different focus and twist. The same individual is accepted in the system, but now the agency has valid knowledge about job markets, now, and for the future. Counseling includes the sharing of that information with the client and appropriate evaluation services to ensure that when that client is finally ready for that job, he/she has a high competitive edge, employers are already primed and ready, and a successful match can be made.
--PETER C. VAIL

The importance of professionals who work with the disabled having positive attitudes cannot be over-emphasized. Because rehabilitation begins at the onset of the injury or disability, education of all professionals is of great importance. All pro-

fessionals would include, but not be limited to, physicians, nurses, occupational/physical/speech therapists, teachers, social workers, mental health professionals, etc. This will need to be approached by including required courses on rehabilitation/disability issues in professional curriculums. Continuing education courses will need to be available for those already practicing. If those courses are taught by rehabilitation counselors, it will present the counselors as professionals with valuable information to share and market the skills and products they have to sell.

A discussion about the criteria for vocational counselors would be useful. First, it is disheartening that only two states have directors who themselves are disabled. I totally agree that counselors who can provide a positive role model for the consumers is extremely important. It has been my experience that state civil service systems, as well as attitudinal issues, make hiring a difficult task within some vocational rehabilitation offices when we discuss hiring severely disabled.

Secondly, I would like to see specialization of counselors discussed as questions come to mind regarding competition among counselors and the incentive system.

The mutual efforts and augmentation between Independent Living Centers (ILC) and Vocational Rehabilitation (VR) need further examination. ILC will soon be facing limited or no direct RSA funding. ILC's are able to provide many of the needed support services required by the disabled to become employment ready. VR will find joint marketing with other agencies necessary in order to offer a complete product line.

Thirdly, my experience with the mentally ill is that they are not reclassified as more severe, but rather less severe than their history and behavior indicate. Mentally ill individuals still encounter many barriers to rehabilitation and employment.
--NANCY BELOHLAVEK

One of the most important points Mrs., Laurie makes in her paper is that "rehabilitation starts from the point of injury and may never end." I take issue with the last phrase of the sentence, "rehabilitation may never end." I do believe that the first part of the sentence brings to our attention a very important aspect in the rehabilitation process which is often overlooked, particularly when we are emphasizing the marketing of "vocational rehabilitation." By this I mean that one segment of the market, the person who becomes disabled, brings to her/his disability all of the preconceived notions that he or she has as a nondisabled person and that the attitudes and behaviors of the care givers at this initial stage are most important.

It must be remembered that the person who becomes disabled was once a member of the general public and subject to all those perceptions, inferences, attitudes, and behaviors held by the general public regarding disability. It is at this early stage of disability that help is most needed and is often not given. To the best of my knowledge, little research has been done in the area of exploring the influence that the individual's pre-morbid personality traits have had on his handling of disability and all services which follow.

In addition, research needs to be done in the area of attitudes of the "initial care givers" such as physicians, nurses, and other hospital staff in terms of how their attitudes influence the self-image, behavior, and rehabilitation of that newly disabled individual.

I believe that it is the reponsibility of the profession of vocational rehabilitation to provide training to and role models for the various initial care-giving staff. It is just because many persons with spinal cord injuries have had negative experiences with the intitial care givers that the National Spinal Cord Injury Foundation and many of its chapters have taken on a project of training initial care-givers in the acute spinal cord injury centers and in various hosptials. Simultaneously, this organization then reaches out to the newly injured person to provide support, information about resources, and role models.

With reference to the part of the statement "rehabilitation may never end," it is my opinion that disabled people involved in the process of rehabilitation, whether it be medical or vocational, must have a goal for which to strive. In many instances this must be the management of his/her own life to the extent possible. With this goal then achieved, the person with a disability can then move on to the status of "life learner" along with disabled and nondisabled people in general.

Advisory committees, Client Assistance Programs (CAPS), and peer counselors are some ways in which Mrs. Laurie believes that disabled people can be used to provide advice to vocational rehabilitation facilities and assistance to other disabled persons involved in the process. Consideration should be given to the involvement of disabled people in the outreach process, as well as involving them with the employers, particularly through demonstrations on the job or in open discussions with employers about their abilities, competencies, problems, etc. This area needs to be further developed as a resource.

Most people with disabilities come to the vocational rehabilitation service with an expectation that at the end of the process, there will be a job. Yet, most of the disabled people with whom I have come in contact, and who are the most articulate, state that this expectation had never been fulfilled. They are then left with a very negative

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feeling about the process and the services. Though there are many variables leading to this negative outcome and consequently negative feeling, I do believe that if vocational rehabilitation is to develop or maintain a positive image with the disabled consumer, it must closely analyze what has transpired between the referral and case closure to determine what elements in the system have brought about this feeling.
--EUNICE FIORITO

This paper offers a useful perspective for the rehabilitation practitioner on how best to serve their clients. Two of the most important aspects pointed out in the paper were:

1) **the importance of the counselor being able to view the client from the latter's perspective -- this means understanding the condition, culture, experiences, and unique needs and strengths of the disabled individual.**
2) **the importance of reaching out to a wide variety of agencies that can provide help in meeting the needs of the disabled person.**
3) **the important role that can be played by independent living (IL) centers in complementing the services of rehabilitation agencies.**

I would, however, point out that although IL centers are consumer-dominated at present, they are service delivers and thus a part of the rehabilitation community as well. What we can expect to see, hopefully, is an increased appreciation and understanding of the scope and difficulties involved in rehabiltation service delivery by consumers and increased understanding of the needs and time potential of disabled persons on the part of the rehabilitation professional. Rehabilitation will become more accountable to the disabled community and, as a consequence, the disabled community will not only be a "more satisfied customer," but act more as an enthusiastic advocate for services that is better for their needs.
--JACK VICTOR

Summary of Recommendations

The following is a summary of recommendations and implications for action for Chapter 5. (The recorder was **NANCY BELOHLAVEK***).*

1. **Recommendations for Service Delivery:**
   - A. Thorough commitment to accept the "employer market" as the primary market of vocational rehabilitation services.
   - B. Development of strategies necessary for delivering rehabilitation services to various segments of the employer market.
   - C. Development of effective communication (a marketing component) through the use of national journals, i.e., trade journals, and rehabilitation journals.
   - D. Rehabilitation programs must clearly define what their products/services are for the employment market.
2. **Recommendations for Policy on Program Development:**
   - A. Rehabilitation management must create a positive climate for all organizational staff toward marketing to the employer community.
   - B. Rehabilitation programs should secure a marketing director with administrative authority to insure access to all program areas.
   - C. A written mission statement reflecting marketing's pro-active role must be included in the vocational rehabilitation state plan or in the organization's plan of operation.
   - D. The Federal government and/or other enterprises to provide financial support for the development of exemplary marketing approaches regarding rehabilitation services to employers.
   - E. Policies be formulated to encourage the provision of services to workers who become disabled.
3. **Recommendations for Training of Staff/the General Public, etc.:**
   - A. Initiate marketing curriculum into rehabilitation counselor training programs focusing primarily on the employer community.
   - B. University faculty must understand the markets which they address and reflect the new directions recommended in the previous suggestions.
   - C. Vocational rehabilitation and other rehabilitation organizations' continuing education programs must reflect marketing to the employment community.
   - D. Develop a continuing education program in marketing for current staff.
   - E. Rehabilitation management must utilize current staff's expertise and develop marketing strategies providing employer services.

4. **Recommendations for Needed Research:**
   A. The Federal government should maintain information, i.e., case closure, occupations, salary levels with projections of lifetime earnings, and rehabilitation costs per case.
   B. Universities, research and training centers and rehabilitation programs data base information must reflect the following ingredients:
      1. Employer practices that are relevant to rehabilitation;
      2. Use of labor market analysis and forecasting;
      3. Strategies for successful rehabilitation industry partnership;
      4. Effective training programs which meet industry-business needs;
      5. Studies on predictors of placement success.

5. **Recommendations for Legislation--Federal, State and Local.**
   A. Legislative commitment to provide funds to increase data base.
   B. Further legislation to reduce the **negative work incentives** to employment.
   C. Capitalize on employers as advocates to support legislation that benefits the rehabilitation community.
   D. Continuation and expansion of incentives for employers to hire the disabled.
   E. Legislation which would make money available either directly or through low-interest loans to the disabled to acquire needed education/training in order to secure employment.
   F. Encourage the development of industry/business/rehabilitation partnerships such as Projects with Indusry (PWI) in communities.
   G. Initiate boards to advise legislators regarding regulations affecting vocational rehabilitation and rehabilitation programs.

6. **Recommendations for Any Areas Not Categorized Above:**
   A. Communicate to physicians an awareness of rehabilitation philosophy regarding employment.
   B. Inititate employer advisory boards at the national, state, and local levels to rehabilitation programs.
   C. That next year's "Mary E. Switzer Memorial Scholars" be business persons, i.e., personnel directors, Equal Employment Officers (EEO), corporate fund raisers, etc.
   D. More variety and imaginative use of media in marketing rehabilitation.
   E. Develop guidelines for a market research plan for rehabilitation services in the employment community.

Special Section

Invited Papers

★ **Strategies for Marketing with National Decision-Makers in Behalf of Disabled Persons by the Honorable Paul Simon, U.S. House of Representatives** **6**

★ **Developing Effective Public Relations Programs for the Disabled by Elizabeth Ann Kovacs, Public Relations Society of America** **78**

★ **Marketing Rehabilitation Services: A Marketing Educator's Perspective by Terence A. Shimp, University of South Carolina** **80**

★ **The Language of Marketing by Shirley Bonnem, The Children's Hospital of Philadelphia** **85**

Special Paper #2

Developing Effective Public Relations Programs for the Disabled

By Elizabeth Ann Kovacs, CAE
Executive Vice President
Public Relations Society of America

Public relations is a force whose time has come. And, disabled persons can make this powerful force work for them.

The major reason that public relations has emerged as such an integral element in our society is that today's multi-faceted society demands it. We have leaped to a new level of complexity. In "The Third Wave," Alvin Toffler wrote that today there are some 1,370,000 companies interacting with well over 90,000 schools and universities, 330,000 churches, and hundreds of thousands of branches of 13,000 national organizations plus countless local environmental, religious, athletic, political, ethnic, and civic groups, each with its own agenda and priorities.

It is easy to see why any group faces stiff competition for public support, not to mention federal dollars.

This is why public relations is an indispensable tool for any organization or special interest group. Public relations is no longer the icing on the cake; it is the meat of an organization. It is survival.

In its most basic definition, public relations is earning public acceptance, goodwill, and support for an organization or institution. Public relations is building mutually advantageous relationships between an organization and society so that the public interest is serviced.

It is problem solving -- figuring out creative, effective, and humane solutions to such challenges as building corporate and community support for disabled persons.

National decision makers have long been aware of the power of public opinion. John Adams used it to garner support for the American Revolution. Franklin D. Roosevelt engineered public consent for his New Deal programs. Mark Twain said: "Its name is public opinion. It is held in reverence. It settles everything. Some believe it is the voice of God."

Public relations theory evolves around the fact that the attitudes of some people can be changed and that business, community, and religious leaders are quite influential in shaping new attitudes and opinions. Disabled persons wishing to change a public's perception should first determine who the **real** opinion leaders are.

Dr. Edward Bernays, father of the professional practice of public relations, believes that many recent movements and causes have failed because their leaders have had little understanding of the mechanics of attitude change. He cites the women's movement as one that has made many mistakes. Instead of going to the legislators who ultimately take their cue from their constituency, they should have gone straight to the groups that could affect change -- the PTAs, churches, schools, community groups. There is a valuable lesson to be learned from this.

Public relations is very much like the law profession. A lawyer argues his case in a legal court with the jury making the final decision. A public relations practitioner argues his case in the "court of public opinion" where the public decides.

Disabled persons, and the organizations that work for them, should be aware of the power of coalitions and public opinion. Look at the success stories of such groups as the civil rights leaders, Gray Panthers and Moral Majority.

The beauty of a democracy is that every group has access to the channels that mold public opinion.

It is encouraging to know that many strides have been made in gaining acceptance for the rights of disabled pesons.

Many corporations, such as DuPont, 3M, IBM, and Xerox have developed outstanding programs for hiring the disabled. In recent years, new laws have been enacted that require access to public buildings for disabled persons. But there is surprisingly little evidence of the effective use of public relations to change the attitudes of different publics toward disabled persons.

As more not-for-profit and public service groups become educated about the capabilities of public relations, this will change. Already, a few good programs are emerging.

One in particular won a 1982 Silver Anvil Award from the Public Relations Society of America for its role in gaining public acceptance for a community mental health program.

The program was developed by Meeker-Mayer public relations agency for the Summit County Mental Health Board in Akron, Ohio.

The Mental Health Board endorsed a public relations program with two specific objectives: 1) to strengthen community acceptance and utilization of mental health services, and 2) to build support for a tax levy made necessary because of Federal and state cutbacks.

To begin the program, the Board conducted a communication audit that revealed that there was a serious lack of communication between the Mental Health Board and its 10 contact agencies. Rather than cooperation, there were frequent turf wars between the Board, public officials, mental health advocates, and social service organizations.

At the same time, the Board surveyed registered voters to determine their attitudes toward the mental health system and a proposed tax levy.

The Board then used these results to plan its public relations strategies which included expanded media relations, an updated quarterly newsletter, and visits at community meetings. The program centered around a tax levy campaign entitled "Keep Mental Health in Mind."

An indication of the kind of results that can be achieved through good public relations programming; The Mental Health Board secured passage of a one mill levy that resulted in an additional $3.2 million for mental health services for 1982 and an additional $35 million for the coming decade. Equally important is the fact that the campaign mobilized public support for an important community program.

This is just one example of how an organization solved its problems and gained public acceptance and support.

There is no limit to the problems facing the disabled -- adapting to using new technologies, obtaining private sector initiatives, securing satisfying employment, to name a few. Public relations can help bring solutions.

Disabled persons and their families should be aware of the political power of coalitions and grassroots movements. They should educate themselves to the basic principles of public relations.

They should identify those people and groups who can affect change and make an impact in the public arena.

□

Elizabeth Ann Kovacs, CAE, is executive vice president of the Public Relations Society of America (PRSA), headquartered in New York City. PRSA is the world's largest professional society for public relations practitioners. Its 11,000 members represent corporations, schools, hospitals, associations, government and non-for-profit organizations.

Special Paper #3

Marketing Rehabilitation Services: A Marketing Educator's Perspective

By Terence A. Shimp
Associate Professor of Marketing
University of South Carolina

Introduction

As a professor of marketing and "outsider" to the rehabioitation field, my participation in the Seventh Switzer Memorial Seminar was a rewarding and enlightening experience. It gave me the opportunity to interact with a group of dedicated rehabilitation professionals. I observed a range of opinions and emotions (excitement, interest, hope, frustration, skepticism) in response to my area of study, marketing, which represented the topical focus of the seminar.

It is doubtful that the seminar participants represent of microcosm of the rehabilitation profession, yet their views toward marketing are probably somewhat illustrative of opinions throughout the field. I identified three general sets of reactions to marketing; these, at the sake of severe simplification but with no intent of passing judgment, I label the "believers," the "hopers," and the "skeptics." The first group, the "believers," is absolutely convinced that the philosophy, precepts, and tools of marketing are essential to the future success and welfare of vocational rehabilitation. The "hopers" are not quite sure what marketing really is, but they are sanquine that it may be of some value in improving rehabilitation service delivery and enhancing the quality of life for disabled clients. Skepticism is the one sentiment that most aptly characterizes the third group's (the "skeptics") perceptions of marketing. Do we need it and can it be applied to rehabilitation services are indicative of the type of doubts expressed.

My comments are directed at the latter two groups, the "hopers" and the "skeptics." The objective is hopefully to show that marketing philosophy and techniques can, indeed must, be utilized in the delivery of rehabilitation services. The relevant issue is not one of whether marketing should be applied, but rather how well it can be applied. Marketing, like prose, is one of those things that all of us practice before ever knowing what it really is. The difference is a matter of degree and depends on how dedicated an organization is to the philosophy and precepts of marketing. Some organizations, businesses as well as not-for-profit operations, merely give lip-service to marketing and do not, consequently, perform the job very well. Others enjoy considerable success due to their true commitment.

The Meaning and Nature of Marketing

What is this enigma called marketing? Will its implementation require a complete reorientation in the performance of vocational rehabilitation? Is your agency or organization presently practicing marketing? Let's examine these questions in reverse order. The answer to the last is a qualified "yes" -- all of you are practicing marketing, though some are doing a much better job at it and some have formalized the practice to a greater extent than others. The answer to the second question is a definite "yes." The adoption of formal marketing methods and dedication to marketing philosophy will require orientation already instilled in your organization.

Now let us examine the first and most general question that concerns the nature and meaning of marketing. In its most general sense, marketing is the conduct of "exchanges" -- transactions whereby two or more parties give up something of value in order to receive something of equal or superior value. A consumer, for example, exchanges cash in order to acquire goods or services. Likewise, an employer pays a wage or salary to acquire the skills of a habilitated disabled person. Exchange defines the nature of marketing, but it does not explain the "how to do it." This issue we will address in a later section. Let me simply conclude this section with this inquiry: Your agency/organization has been involved in exchange processes all along, but have truly adopted a marketing philosophy?

Philosophy of Marketing

The common person speaks or writes (i.e., engages in prose) without an apparent philosophy of what he or she is doing. Professional communicators and great writers, by comparison, have a specific philosophy of how best to use syntax, semantics, nonverbal gestures, and so forth in order to accomplish their goals. The conduct of formal marketing (in contrast to **ad hoc** exchange-related activity) also requires a philosophy. One particular marketing philosophy has acquired widespread acceptances. Falling under the rubric of **The Marketing Concept,** it was originally articulated in the 1950s by the General Electric Corporation and has since been adopted by a number of companies and not-for-profit organizations.

The philosophy has three fundamental components. First is the belief that customer satisfaction is an organization's raison d'etre. This is a philosophy of pragmatism. Loyal repeat purchasers are essential to an organization's success, and this is accomplished by providing customers with what they want and doing a better job at it than competitors are doing. A second cornerstone of The Marketing Concept is a measure of performance based on long run success rather than immediate gain. The fallacy of a short run orientation is that certain things can be done to improve immediate performance (e.g., cut costs by lowering product quality) but which in the long run will result in lost customers and perhaps even insolvency. A final component of this philosophy is that successful marketing requires a specific organizational unit that has sufficient policy-making authority to assure that marketing thinking pervades the organization in its commitment to obtain long run success by continually satisfying customers.

This may sound like some pretty abstract stuff, so let's apply the philosophy to the marketing of rehabilitation services. I need initially to do some defining. The term "marketer" is intended to mean any organization that delivers rehabilitation services. However, as a matter of simplification I shall take the perspective of vocational rehabilitation (VR) in marketing. "Customer" will be used here in the narrow sense to refer to potential employers of habilitated disabled individuals. This is an important point of distinction. Note carefully that the (to be) habilitated person is **not** the customer but is instead a client to be recruited, trained, and job-readied. Of course a VR agency is concerned with maximally satisfying the needs of the client, but a necessary condition for this is satisfaction of employers' needs -- failure to satisfy employers' needs will result in the inability to satisfy clients' needs, as jobs will not be available.

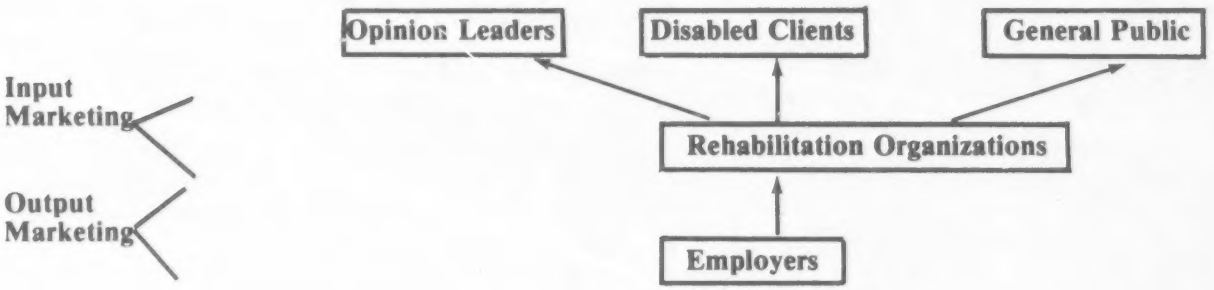
It is essential that clients are trained to perform specific jobs demanded by employers. This means that VR counselors carefully match client capabilities with employer needs. It means that VR agencies start with the marketplace of employers to determine the skills in demand and then train clients to perform these jobs. Customer satisfaction, in short, means making decisions and instituting practices that emanate from the requirements of the job marketplace rather than being solely suited to the preferences and convenience of the VR agency.

The reward for customer satisfaction is continued good relations with employers over the long haul and the promise of enhanced quality of living for disabled individuals. My participation in the Switzer Seminar has led me to conclude, perhaps presumptiously, that the existing basis of evaluating performance may very well be antithetical to the long run success orientation embodied in the philosophy of The Marketing Concept. The present system, it seems, places undue emphasis on quantity of placements and excessive pressure on the VR system to "pump out" individuals whether or not they are actually job-ready. It doesn't take an expert to imagine that many employers are dissatisfied with unqualified and prematurely-readied disabled individuals and do not, consequently, employ as many habilitated individuals as they might otherwise.

The last component of The Marketing Concept is that of marketing organization. This means that greater attention be devoted to marketing and that the marketing task be formalized in an organizational unit that integrates all marketing activities -- for example, the formation and staffing of a position such as Marketing Director. Even more fundamentally, however, is the need to train every VR counselor and employee to think of their role as one of fulfulling the needs of employers. Accomplishing this objective would enable fulfillment of the more basic desire to enhance disabled persons' quality of living.

Multiple Forms of Marketing

To this point I have taken a narrow view of marketing, restricting the discussion to exchange relations between VR agencies and employers. It is important to recognize, however, that the potential use of marketing by the rehabilitation community extends to a variety of other exchange relations. The following figure portrays four forms of marketing.



The various types of marketing are broadly delineated as either "input" or "output" marketing. The former represents efforts undertaken to generate resources for rehabilitation organizations, whereas output marketing involves the marketing of job-readied individuals to the employment market. There are three forms of input marketing. Marketing to opinion leaders consists of all efforts directed at government and nongovernmental influentials who are capable of influencing the financial support for rehabilitation. A second form of input marketing is directed at disabled clients themselves, either as individuals or as groups, with the purpose of informing potential clients of the availability of rehabilitation services and influencing them to avail themselves of these services. Marketing to the general public is a third variety of input marketing. This is undertaken to educate the public about rehabilitation, to enhance their understanding, and to generate moral and perhaps financial support.

The output of the rehabilitation process (i.e., job-readied individuals) must be marketed to the employment community. Ultimate success depends on the quality of the matching process, i.e., fitting client job skills to the specific needs of employers such that both client and employers are satisfied to the greatest degree possible.

Strategic Components of Marketing

The actual conduct of marketing requires specific strategies, i.e., specific plans and methods to accomplish goals. Marketing strategy entails two broad components: identifying target markets and devising marketing "mixes" to effectively reach these targets. The mix includes product development, distribution, promotion, and pricing.

I shall apply these strategic marketing notions to a commercial situation first for illustration, and then to the rehabilitation arena. Consider the marketing activity of a restaurant chain. Its first task is to establish the specific market to which it prefers to cater -- e.g., the choice of above-average income clientel located in large urban areas who prefer quality food over large quantities and are not particularly price sensitive. The choice of target market is critical in the restaurant's formulation of a specific mix. Flowing from this choice would be the product decision involving the specific types of food to serve, the variety of the menu, quality considerations, etc. The distribution component of the restaurant's marketing mix would be the actual locations of restaurants, which ideally would be located to be maximally convenient to the target market. The restaurant marketer must promote the restaurants, informing potential consumers about the restaurant's offerings and persuading them to give it a try. The food items also have to be priced; the choice of specific price level is inextricably related to the target market's purchasing capability, the quality of food, and the overall attractiveness of the dining experience.

Vocational rehabilitation agencies face the same strategic decisions. There is a vast market of potential employers of the disabled, but like the restaurant in defining its target market, VR agencies must also identify those employers who represent the best prospects for placing rehabilitated clients. Failure to target markets inevitably leads to inefficient placement efforts and, perhaps more important, to reduce ability to train clients for the specific job skills that are demanded by the employent community. The product is indeed the client who is job-readied. However, it is more than just a set of job skills that defines the "product." It is the complex of personal behaviors and

attitudes, in addition to job-related skills, that determine how much value a rehabilitated person represents to an employer.

The other marketing mix elements are the distribution, promotion, and pricing elements. Distribution represent the location of rehabilitation centers -- placed ideally in geographic locales convenient to clients and also to potential employers. Promotion to potential employers is performed through personal contacts by counselors, but could be augmented via media directed public relations activity. The last marketing mix component, pricing strategy, represents, from the customer's perspective, the cost incurred to enter into an exchange relation. The issue from the employer's viewpoint is the relative wage rate paid to a rehabilitated employee compared to the rate paid to a non-disabled employee. The actual price/cost is not the direct rate per se, but includes all the added costs associated with any additional training that may be required, or additional facilities that need to be provided, or added costs due to absenteeism, and so forth. In a sense, the rehabilitation marketer is operating at a price disadvantage vis-a-vis the non-disabled employee pool. It therefore is essential that rehabilitated clients be more competitive by possessing specialized job skills, superior work behaviors and attitudes, or whatever it takes to compete effectively in the employment marketplace.

In summary, we have seen how conventional marketing strategy applies to rehabilitation services. Successful marketing strategies don't just happen, however, they have to be planned. Business organizations plan for marketing by constructing annual plans and longer term strategy plans. It would be beneficial to incorporate formal planning into the administrative operations of vocational rehabilitation agencies. Here, at the sake of oversimplification, is a list of the type of activities involved in short term and long term (strategic) marketing planning.

1. **Perform a situation analysis.** This activity would supply the facts for planning by answering such questions as: Who are the potential employers? Where are they located? What are their employment needs? Are any new employers expected to move into this area within the next several years?
2. **Establish goals.** Knowledge of the employment market would lead to the establishment of specific goals. Goals should be set high enough to motivate yet at reasonable levels. Goals should be broken down in terms of job placements for specific types of disabled clients, in specific types of jobs, in specific geographical areas, and so forth.
3. **Organize for planning.** Planning rarely occurs in the absence of a formal structure with authority and responsibility for planning. A permanent planning staff is ideal. Alternatively, a planning committee can be formed. In any event, top administrative cooperation and involvement is critical.
4. **Generate marketing strategies to achieve goals.**
5. **Formulate specific programs to implement strategies.**
6. **Write and communicate the plan.**
7. **Monitor performance to determine whether goals are attained.**
8. **Update plan annually.**

Formulating Marketing Programs

I have attempted to this point to provide a general conceptualization of marketing and a specific framework for undertaking marketing planning. However, the actual, day-to-day, tactical implementation of marketing programs is another matter. I could not hope in this brief essay to tell you how to do it. I would not presume to be able to tell you how to do it any more than one artist would tell another what to paint or sculpt. Marketing in practice is a creative process that must be formulated to fit the specific needs of the situation. There is no specific recipe or blueprint for undertaking marketing. To suggest otherwise would be misleading. The particualr application of marketing strategy is limited only by one's initiative and ingenuity. Many different forms of marketing can work. The critical factor is that decisions oriented toward customer satisfaction (rather than administrative convenience or some other internally-oriented consideration) always remain the guiding force.

Conclusion

This essay is but a brief prelude to the topic of marketing. The remaining papers in these proceedings cover the topic in much greater detail. All are written by individuals, unlike myself, who are rehabilitation "insiders." They represent the field from a variety of perspectives. All of the papers are worthy of careful attention. As a marketing educator, I must say that I am extremely impressed by the degree of marketing insight and sophistication reflected in these papers. It is my sincere wish that some of the "hopers" and "skeptics" in the rehabilitation community will become "believers" after reading these proceedings. Formalized marketing is a

proven way to enhance performance. The time is now for the rehabilitation profession to openly embrace a more formalized, sytematic, and sophisticated approach to marketing. Client welfare demands your use of appropriate marketing techniques that will enhance the competitive position of disabled individuals in the employment marketplace. □

Special Paper #4

The Language of Marketing

By Shirley Bonnem
Vice President
The Children's Hospital of Philadelphia

Any discussion on a topic outside the periphery of one's professional life calls for a definition of terms. This is particularly true when people involved in life sciences discuss matters in the parlance of the business world. Certainly the basic word and discipline for commercial world is **marketing.** Why then, if it is associated with the profit-making sector, has the word become the major focus of increasingly numerous seminars, lectures and workshops held for and by not-for-profit agencies? The answer has been documented: many of those who apply the principles of marketing to their managements seem to survive and, indeed, do well.

While marketing is comparatively new to the voluntary field, it was covered thoroughly as far back as the late sixties. It portended of things to come. However, it wasn't until 1975 that the subject became more common. The appearance of Philip Kotler's book, **Marketing for Non-Profit Organizations** signaled a change among health care facilities and social agencies. Nevertheless, the word **marketing** has had, and continues to have, a peculiar connotation in the voluntary sector. Frequently it has been confused with **selling** and those who see themselves in the service field reject the idea of "selling" a service. Marketing, in fact, is **not** selling, but an attempt to create services to satisfy needs. On the other hand, a **selling** orientation is one in which the product appears first and looks for a market to buy it.[1] The word **sales** says "What do **we** want to sell? **Marketing** says "what does the **customer** want to buy?"

"Marketing," according to author Philip Kotler, "is the analysis, planning, implementation, and control of carefully formulated programs designed to bring about voluntary exchanges of values with target markets for the purpose of achieving organizational objectives. It relies heavily on designing the organization's offering in terms of the target markets' needs and desires, and on using effective pricing, communication, and distribution to inform, motivate, and service the markets."

Exchange is the central concept underlying marketing -- an offer of value in exchange for value. Marketing calls for well-defined research and planning skills, including marketing analysis and how to package services to meet defined needs -- accepting people with handicaps, recruiting volunteers, and increasing an agency's share of actual and potential clients. Those who market must have a strong knowledge of what everyone else is doing in their agency's field, particularly their "competition."

The purpose of marketing is to capture control of the market the agency wants and to maintain continued acquisition of a share of that market.[2] A bonus for those charged with the marketing responsibility is the ease with which a marketing program can be measured for effectiveness. Based on a plan, a timetable and quantitative goals, evaluation of marketing can be made in the following ways: services are used or they are not, donations increase or decrease, agency utilization goes up or down, people with handicaps able to secure jobs or not. Depending on the results desired, adjustments can be made almost immediately to correct for failures or discrepancies. Marketing is **not** selling, which calls for sales-stimulating techniques for a product or service that may or may not be needed.[3] Marketing is different from public relations, but the two functions require expertise in parallel areas.

What about **public relations?** Most people equate public relations with publicity. Not so. Publicity is merely one tool among many utilized by public relations people. There are many similarities between public relations and marketing. Both depend on closely related principles -- opinion research, techniques of persuasion, communications, advertising, etc. But there are differences between both.

Goals: Public relations aims to change public attitudes and to elicit public support for an organization. Marketing attempts to create services to satisfy public needs.

Scope: Public relations is directed to many publics. Marketing is directed principally to consumers. Marketing can be directed, as well, to donors and staff professionals.

Tools: Public relations depends primarily on communications techniques. Marketing utilizes communications as one of many tools. Where public relations would normally communicate to inform and cause changes in attitude, marketing concentrates on affecting behavior. The marketing communicator also strives to produce satisfaction for consumers; i.e., which is the best relationship between their expectations and their experience with regular use of an organization's product or service.

Scientific basis: Public relations may use a survey or investigate behavior patterns for research purposes; it is involved with finance. In order to function, marketing **must** use research, information gathering, and data collection.

Timing: Too often public relations is a crisis-oriented function and, despite the best intentions, finds itself reactive rather than pro-active. Marketing cannot function without advanced planning.

Policy: Public relations rarely has a direct effect on organizational policy, even though it should (if the public relations director is doing a good job, he or she is bringing back to management recommendations of public attitudes that affect policy). Marketing is deeply involved in product development.

Techniques: Public relations uses meetings, leaflets, newsletters, news releases and special events to communicate. Marketing uses a broader range of tools, including paid advertising.

Focus of the Disciplines: In public relations, we give information or we educate. Marketing does the same, but **requires definite action** as a result of the communications.

Measurement: In public relations, you evaluate the results at the completion of a project; sometimes the effect cannot be measured. In marketing, the project is monitored, analyzed, and modified throughout its duration. In sum, public relations and marketing are parallel, but different functions.

Before starting a marketing program, a nonprofit organization's board, professional staff, and general administration will have to make a definite commitment to the function's development.

Marketing has begun to permeate the nonprofit sector, particularly in the health-care field. Those who have confused the function with selling, or who have avoided its use because they think it will create an artificial need for certain services, should reconsider their positions, particularly in view of increasing public support for a more "business-like" nonprofit sector. As consumers and contributors become more aware of what they want from our agencies, we will be inevitably forced to engage in marketing to provide the proper mix of product, place, price, and promotion for our organizations, particularly those who are in the field of rehabilitation.

□

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Despite the demands on the national and federal scene, her presence was almost ubiquitous in behalf of program development and extended services to needy people. On a regional, state or local level, be it public or voluntary services, if it were in the interest of rehabilitating those in need, somehow, she would "arrange to be there."

The WHO'S WHOs has chronicled her many national and international awards. Also recorded are her presidencies of many organizations including NRA, whose members and their efforts she held in high esteem. But she did not reach the heights of her ability when she was made the first Administrator of the Social Rehabilitation Services, not when she retired from the position, nor when she became internationally involved in the World Rehabilitation Fund. Instead, she found her greatness when she touched each of us bringing our full humanitarian efforts and qualities to the fore in behalf of disabled and disadvantaged people. While readily recognized as a truly great administrator in the classical sense of the word, her true capacity and ability can only be appreciated when we realize that these accomplishments sprang from an inner expression of sensitivity, emotional refinement and dedication to serve all less fortunate people. Her egalitarian qualities were not contrived but spontaneous, stemming from love and respect for all living things.

All of us in NRA and in rehabilitation and all handicapped people have had better, more meaningful, and more productive lives because her presence and her being were sufficiently large to embrace and accept us as we are and help us better understand where we should be.

What more can be said than that we had the joy and privilege of knowing her?

This memorial tribute is quoted from E.B. Whitten,
Journal of Rehabilitation, November/December, 1971

Mary E. Switzer Memorial

To perpetuate the memory of a great women and a great leader in the field of Rehabilitation by establishing a memorial that will expand and enrich services to handicapped individuals